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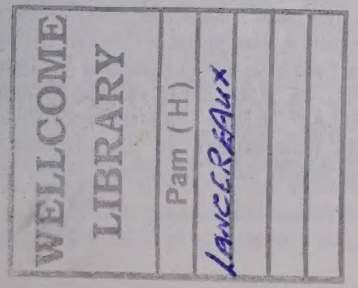

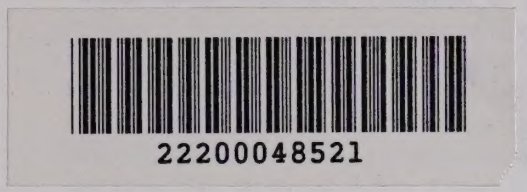

TREATISE ON SYPHILIS.

PART I.

HISTORICAL NOTICE.

We search in vain amongst ancient writers for a dogmatic definition of syphilis, which is nowhere to be met with. The first physicians who gave a somewhat detailed description of this disease, at the time of the well-known epidemic of 1495, had to ask themselves whether the malady which they had before their eyes were new or not; and from that period two opinions were expressed which have never ceased to prevail amongst scientific men. The first dates the commencement of syphilis from the end of the fifteenth century; the second attributes to it a much more remote origin. Differing much as to the place of its birth, the advocates of the doctrine of remote origin regard syphilis as a kind of leprosy, and call it sometimes elephantiasis (Seb. Aquilanus, Phil. Beroaldus), sometimes formica (Schellig, Cumanus, Gilinus, Leonicenus, Steber), sometimes saphati (J. Widmann, Not. Montesaurus, J. de Fogueda, Sim. Pistor). Supported by these views, Sydenham, Haller, Plenck, Thierry, Howard, looked upon yaws and pians as the primitive form of syphilis, and pointed to Africa as the birthplace of this disease, the first traces of which they believed to have been found amongst the Maranians (Gruner). Other authors, as Swediaur and Beckmann, classing it with the Persian fire, believed it to have come from the East Indies, while Wizmann asserted that it first appeared in Dacia, during the second century.

However, when it was positively established that syphilis resulted from the act of sexual intercourse, some writers sought to prove that this disease existed from the earliest times; but at the same

time the most fantastic accounts were given of its first origin. It was no longer attributed, as previously, to an inauspicious constellation, but rather to the cohabitation of a prostitute with a leper, or with animals, especially monkeys; or to cohabitation with the voluptuous Indian women of America; and it was chiefly from this latter supposition that sprang the idea of the pretended American origin of syphilis, of which Astruc and Girtanner were the chief supporters.

Such are, then, the various hypotheses presented to us.

They are reducible to three:—

I. Ancient origin in the whole world;

II. Ancient origin, starting-point unknown; modern importation into the East;

III. Recent origin, epigenesis at the end of the fifteenth century.

All that which tends to support the two first hypotheses naturally militates against the last, which, moreover, finds but few supporters at the present day. The successive study which we are about to make of syphilis in early times, in the Middle Ages, and from the fifteenth century to the present time, will teach us what value to attach to them.

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CHAPTER I.

SYPHILIS IN ANCIENT TIMES.

Asserted first of all by Sanchez, propagated later on by Hensler and by the bibliographical researches of Gruner, of Jena, supported with great talent by Cazenave and Rosenbaum, the doctrine of the antiquity of syphilis rests upon numerous data borrowed, on the one hand, from the works of Chinese, Indian, Greek, and Latin physicians; on the other, from the epigrams and satires of the early poets. Let us examine what is furnished by these various sources.

§ 1. *On syphilis amongst the nations of China and India.*

With the exception of a passage from the work of Astruc,* in which it is stated that the medical works written in the Chinese language merely speak of the venereal disease as a disease of great antiquity, our information on the state of syphilis in China was very slight until the appearance of the interesting work of Captain Dabry.†

This work, which contains important data on the subject, is a kind of compilation of Chinese medical writings, the most ancient of which go back as far as Hoang-ty, 2,637 years B.C., but the most recent of which is almost of our own time. Unfortunately, the author, as Verneuil‡ has judiciously remarked, being but little familiar with historical and bibliographical requirements, has not taken care to quote sufficiently often the sources from which he obtained his information. Although there has resulted from this a certain doubt concerning the chronology of the doctrines, precepts, and observations quoted, the antiquity of syphilis in China appears indisputable. Chancre cannot fail to be recognised in the work in question, in which it is the object of a detailed description. A corroding ulcer, produced by a poison of a particular kind, and communicable by direct contact, is met with on the genital organs of the male and female; and further, within the canal of the urethra, in the mouth and throat, in the nose, and at the anus, or at the termination of the large intestine. It generally appears from the third to the ninth day, either singly or accompanied by a great number of other lesions of the same kind. It begins as a small red spot, raised at its centre, and causing either pain or violent itching; in a short time a white spot appears in the centre, which forms a cavity, and increases insensibly in size and depth. At the base is seen and felt a kind of hard, thick skin, of a whitish colour; the edges become equally hard, with irregular notches. The consequent ulcers of the mouth, throat, and nose, the mucous patches of the anal region, in a word, the whole series of secondary lesions is described at length; in a concluding paragraph, headed *Chancre of the nose*, tertiary lesions are pretty clearly indicated,—sanious discharge, ulceration, destruction of the septum, &c.

In India, as in China, syphilis is not a new disease. The Suçrutas,* a work written about the year 400, and which may in some respects be called the Hippocratic treatise on Indian medicine, contains passages in which it would be difficult not to recognise syphilis. Of the symptoms mentioned, some are local, affecting the genital organs, while others, more general, are seated elsewhere. The poison, it is said, enters the penis, corrupts the flesh and the blood, causes an irritation, whence results a wound, upon which crusts form, having a serous discharge. These lesions destroy the penis and cause sterility. In the female, the poison which enters the sexual organs causes fungous, sanious, and fetid excrescences. In these passages, chancre alone is recognisable, but in the following one there is reason to believe that the subsequent forms of syphilis are alluded to. "The humours put into motion travel towards the upper parts, giving rise to warty excrescences in the nose, the eyes, the ears, and the mouth. When the ear is affected, deafness ensues, the ear is painful and exhales a fetid smell. When the nose is affected, there is sneezing,

* *Traité des maladies vénér.*, trad. de Louis, t. ii. p. 346.
† *La médecine chez. les Chinois.* Paris, 1863.
‡ *Archiv. génér. de méd.*, 1863, t. i. p. 625.

* *Suçrutas A'yurvedas*, id est medecinæ systema, a venerabili D'hanvantare demonstratum, a Suçruta discipulo compositum. Nunc primum ex sanskrita in latinum sermonem vertit, introductionem, annotationes et rerum judicem adjecit Dr. Fransiscus Hessler, t. i. p. 3. Erlangen, 1844-1850. See also commentary on the Hindu system of medicine, by T. A. Wise, Bengal Medical Service, Calcutta and London, 1845, in 8°.

coryza, and difficulty of breathing; a fetid smell issues from the nasal fossæ, the voice is snuffling, there is headache (syphilitic ozæna), and warts are observed disseminated over the skin (Nidânasthâna, cap. ii.)." Nodes and buboes are mentioned in other passages, and hints are even given for the treatment of them.*

The history of the religious practices of India is another source of proofs of the antiquity of syphilis in that country. In fact, at the same time that the worship of Venus commenced in the centre of Asia (amongst the Assyrians [Pausanias]), that of Lingam, more in accordance with the egotism of human nature, began in India. But the myth of this worship, as related by Sonnerat (*Voyage aux Indes et à la Chine*), is fitted to explain, in an almost entirely satisfactory manner, the origin of syphilis. The portion of this myth which is of interest to us refers to the punishment of Civa, who had yielded to the allurements of pleasure; his genital organs were destroyed by gangrene, which spread in the world by communication from women to men, and only ceased in consequence of the prayers of the penitent. According to F. C. Klein,† who relies upon the annals of Malabar, it is more than nine centuries since physicians first mentioned syphilis, and the cure of the disease by mercury. In early times, however, affections of the genital organs amongst the Indians were certainly very rare, since the Greeks‡ class them amongst the nations who lived very long on account of their temperance and of their climate, which was little favourable to the rise of diseases.

§ 2. *On syphilis amongst the Jews, the Greeks, and the Romans.*

The idea that syphilis might have existed from the earliest times having once been put forward, inquirers did not fail to examine even the sacred writings for traces of this disease, and the sagacity of the learned was exercised upon several passages of the Bible. The first of these passages relates to the plague of Baal Peor, which committed ravages amongst the Jews, in consequence of their participation in the worship of that god; but in reality it is impossible to find anything* which affords a satisfactory explanation of the pathogenic conditions of this plague.

* Transl. by Hessler, Vol. II. cap. xix. p. 124. See also H. Friedberg, Virchow's Archiv. für patholog. Anatomie und Physiol., Bd. xx. Heft 1, ch. 2, p. 254. 1864.

† *De morbi venerei curatione in India Orientali usitata.* Hafn. 1795. Tode, *Journ. de médec.*, Vol. II. livr. 2.

‡ Strabon, *Géogr.*, p. 1027 et 1039. See Ctésias, *Judic.*, 15. Lucien, Macrob. c. iv. Diod. Sic. XI. c. xl. Pline, *Hist. nat.* XVII. c. ii.

The vague indications of the thirteenth chapter of Leviticus, though doubtless indicating something different from leprosy, are, however, not more explicit. Neither do the nocturnal sufferings of Job, or the cicatrices and pus which covered his skin, call for serious criticism. Perhaps we might be called upon to attach more importance to the passage of Philo,† in which it is stated that circumcision was ordered to prevent a serious disease, difficult to cure, called *anthrax*, to which the uncircumcised were subject, if there were anything to show that the disease in question was really syphilitic chancre.

The old Greek physicians offer in their writings but few passages which relate in a positive manner to the history of syphilis; nevertheless, it might be possible to connect the following fragment of one of the books of Hippocrates with the epidemic of the fifteenth century ‡:—

"Many," says the father of medicine, "had aphthæ and ulcerations of the mouth, frequent fluxions of the geniral organs, ulcers, tumours internal and external, and swellings in the groins. Moist, chronic, and painful ophthalmias; granulations on the inner and outer surfaces of the eyelids, which destroyed the sight of many persons, and which are called *fics*. The other sores and the genital organs were also the seat of numerous fungous growths. In summer were seen a great number of anthrax, and other affections which are called septic; also pustular eruptions and, in many, extensive vesicular eruptions."

Religious practices explain better, doubtless, the point of history with which we are occupied. The myth which arose on the occasion of the transplantation of the worship of Bacchus, and with it of that of Phallus, from India to Greece, is in fact furnished us by Natalis Comes in a manner to make us believe that even at that period affections of the genital organs were of a very serious nature.§ After

* See Numbers, chap. xv. verse 8, et chap. xxi. verses 16 et 17.

† See Bosquillon, in his translation of Bell's *Treaty*, t. ii. p. 48.

‡ Œuvres: *des Épidémies*, liv. iii. sect. iii. § 7; édit. Littré, t. iii. p. 85.

§ *Mythologiæ, sive explicationes fabulorum*, lib. x. Francf. 1588, viii. p. 478.

having related that the Athenians had neglected to do honour to the images of Bacchus brought into Attica by Pegasus of Bœotia, the author adds: *Deus* (sc. Bacchus) *indignatus pudenda hominum morbo infestavit qui erat illis gravissimus.* Another myth related by the same author (*Lib. cit.* p. 528), and which has reference to the introduction of the worship of Priapus in Lampsacus, greatly resembles the former. Aphrodite, having been impregnated by Bacchus, during her journey in India, was delivered, on her return to Lampsacus, of Priapus; the latter, having remained in that city, was banished at a later period by the inhabitants, whose wives he had seduced. The gods, to punish them, inflicted upon them *gravissimum pudendorum morbum*, of which they were unable to get rid until they recalled Priapus. There is reason to believe that this myth did not arise until after the fact, and that the malignity of the disease produced the fable of the anger of the god, and of the cure of the disease by the intervention of the same god, when appeased. The ancients, in fact, had special recourse to the gods against wastings and other diseases of this kind. The following ex-voto, taken from the "Priapeia,"* plainly shows this belief in the intervention of the divinity for the cure of venereal diseases:—

VOTI SOLUTIO.

Cur pictum memori sit in tabella
Membrum quæritis unde procreamur?
Cum penis mihi forte læsus esset
Chirugique manum miser timerem,
Diis me legitimis, nimisque magnis
Ut Phœbo puta, filioque Phœbi
Curatum dare mentulam verebar,
Huic dixi; Fer opem, priape, parti
Cujus tu pater ipse par videris:
Qua salva sine sectione facta, &c., &c.

Whatever may be the truth of this story, it proves, at least, the severity of venereal affections at an early period, and indicates something more than simple gonorrhœa.

Amongst the Romans, affections of the genital organs are mentioned at length by physicians. Celsus, the oldest Latin medical writer, devotes an entire chapter to them, in which he establishes

* *Priapeia sive diversorum poetarum in Priapum lusus, &c., illustrati comment.* Casp. Scioppius, &c., Patavii, 1664, p. 45., Carmen xxxvij.

this important fact connected with the point we are now examining, viz., that, in his day, both physicians and patients spoke only with reserve of the private parts; whence it may be concluded that these diseases were ill observed, and consequently little known. It is not therefore an easy thing, says Celsus, for one who wishes to observe the rules of propriety without departing from those of art, to treat of these diseases.* And further on, this same author, describing the generality of the affections of the genital organs, adds that in phymosis, after having overcome the resistance of the prepuce, there are seen, when it is drawn back, ulcers situated either on its inner surface, or on the glans, or on the penis beyond the glans; these ulcers are either *clean and dry*, or *moist and purulent* (*ulcera pura siccaque et ulcera humida et purulenta*). But who does not recognise in this division the two varieties of hard and soft chancre accepted in our day? In other passages, he appears to allude to the other forms of chancre, the serpiginous and phagedænic: "*si vero ulcus latius atque altius serpit. . . . Occalescit etiam in cole interdum aliquid; idque omni pene sensu caret.*" Elsewhere, he speaks of ulcers of the mouth and nose,† and of the tonsils. Celsus also gives a brief description of four forms of impetigo and of two kinds of herpes, some of the varieties of which might well be connected with our subject. However, if the work of Celsus left any doubt as to the existence of the secondary affections, the same cannot be said of the following passage from Aretæus ‡:—"In some persons," says this writer, "the uvula is destroyed to the bones of the palate, and the fauces to the root of the tongue and epiglottis."

Primary local lesions and secondary affections appear, then, t have been observed from the earliest periods of Latin medical science. The successors of Celsus, it is true, have added little on the subject; but they have at least distinguished, like him, between *dry and clean ulcers*, and *moist and purulent ulcers*.§ Galen ‖ and Ætius¶ moreover mention, the former, psoriasis scroti, a kind of

* *Traité de la médecine*, lib. vi. sec. xviij. trad. française de Fouquier, p. 372.

† Lib. v. sec. xxviij.

‡ *De causis et signis acutorum morborum*, lib. i. chap. viij.

§ Galen, *Méthod. méd.*, lib. v. chap. xv. P. Agenitus, lib. iii. 59. Oribase, *Synops.*, ix. 37. Marcellus Empiricus, chap. xxxiii.

‖ *Ibid.*, c. xx. ¶ *Tetrabiblos*, iv. serm. ii. chap. iii.

induration of the scrotum, complicated with itching, and sometimes with ulcers; the latter, *pustulæ spontaneæ in pudendis*, appearances which might well be considered secondary.

The sykos of the Greeks, or ficus of the Romans, which, according to Galen* and Oribasius,† is a moist ulcerating tubercle, of a round form, &c., presents an analogy with our mucous patches the more evident since this lesion was most frequently observed at Rome and Alexandria in men accused of sodomy.‡ Hippocrates appears to have pointed out this affection already under the name of kiôn,§ which, he said, emitted a bad smell.

More rarely do we find in ancient authors passages which can be regarded as alluding to tertiary affections. Plutarch, however, speaks of corrosion of the tibia, and Archigenes‖ of certain pains in the periosteum, so deep-seated and continuous that the patient himself believed that the bones themselves were the seat of the pain. Galen adds that these pains were usually called *ostokopoi* (ostéocopic). In a passage of Marcellus Empiricus,¶ mention is made, moreover, of ulcerating and serpiginous affections of the tibia, *ulcera tibiarum quæ intrinsecus serpunt*, which do not appear to belong to any other disease than syphilis.

We confine ourselves to the above quotations, which might be much increased in number. It follows from them that the Greek and Latin physicians knew and distinguished several forms of local affection of the genital organs; and it cannot be denied that some of them (dry and moist ulcers) correspond to the two varieties of chancre which now occupy the attention of medical observers; neither, on the other hand, do secondary and tertiary affections appear to have been wanting. It was rather to the satirical poets than to the physicians that we are indebted for the knowledge of the contagiosity of the venereal affections of imperial Rome. The epigrams of Martial are of a truly surprising fertility, so much so, that the choice becomes difficult. The following passage, in which

* *Synops. méd.*, lib. v. c. iii. Ætius, *loc. cit.*, iv. c. xiv.

† *Synops.*, lib. vii. c. xl. Ætius, *loc. cit.*, et Paul, Ægin., lib. iii. c. ii.

‡ Celse, vii. c. xviii. Ætius, *loc. cit.*, lib. ii. c. iii.

§ *De natur. mulierum*, Vol. II. p. 588. *De morbis mulierum*, lib. ii. Vol. II. p. 879; citation de Rosenbaum, p. 441. Halle, 1845.

‖ Galen, *de Locis affectis*, ii. chap. viij.

¶ De medicamentis, chap. xxxiv.

Martial says that the debauchee Nævolus had communicated contagious sores to a young slave, is very striking,—

IN NÆVOLUM.

Mentula quum doleat puero, tibi, Nævole, culus,
Non sum divinus, sed scio *quid facias.**

Elsewhere the contagion of condylomatous excrescences is placed beyond doubt, in a family all the members of which are affected with a disgraceful sore,—

DE FAMILIA FICOSA (MART.).

Ficosa est uxor, ficosus est ipse maritus,
Filia ficosa est, et gener atque nepos.
Nec dispensator, nec villicus, *ulcere turpi*,
Nec rigidus fossor, sed nec arator eget.†

Martial further alludes to ulcers of the mouth and throat amongst debauchees, and to the alteration of the voice in sodomites,—

Qui recitat lana fauces et colla revinctus
Hic se posse loqui, posse tacere negat.‡

Dion Chrysostome§ also doubtless alludes to modifications of the voice consequent upon venereal disease when he exclaims, "They say that Aphrodite, to punish the women of Lesbos, has sent them a disease of the arm-pits; well, it is thus that the divine anger has destroyed the noses of the greater number amongst you, and hence has arisen this particular sound."

Whether mentagra and morbus campanus, diseases common amongst the Romans, were syphilitic or not, is a question difficult to solve. What may be said is, that morbus campanus, a disease peculiar to debauchees, and which left deep marks behind it, is not devoid of analogy with our syphilis, as the following passage from Horace proves,—

. . . . at illi *fœda cicatrix*
Setosam lævi frontem turpaverat oris.
Campanum in morbum, in faciem permulta jocatus
Pastores saltaret uti Cyclopa, rogabat.‖

* *Epigram.*, lib. iii. n. 71.

† *Epigram.*, lib. vii. 71. ‡ *Ibid.*, lib. vi. 41.

§ *Orationes ex recensione*, J. Jac. Reskii, Lips. 1784, Vol. II. orat. 33.

‖ Sat., lib. i. v.

After having sought for traces of syphilis amongst the ancient nations of Europe and of Asia, we naturally ask ourselves whether this disease was not to be met with amongst the ancient inhabitants of America? Although more difficult and more obscure, this question is not, perhaps, altogether insoluble. Numerous observations, especially those of Prescott and Irving (*New York Journal of Medicine*, March, 1844), show that the Americans, far from having given syphilis to the Europeans, had rather received it from the latter, since this disease has been observed amongst them in proportion as their relations with us were more constant; but these observations, which are based upon particular facts only, do not prove that there did not exist amongst the original inhabitants of America tribes afflicted by the scourge of syphilis. The Abbé Bratteur de Bourbourg (*Histoire des nations civilisées du Mexique et de l'Amérique centrale durant les siècles anterieurs à Christophe Colomb.* Paris, 1857, t. i. p. 181) writes, in fact, that numerous original documents in the languages of the tribes of the valley of Anahuac, &c., have proved to him incontestably the existence of that disease (syphilis) in America prior to its discovery by Christopher Columbus. Reference is made to the apotheosis of Manahault and to his metamorphosis into a sun. The funeral pile is lighted, and he who will have the courage to throw himself upon it will deserve the honours of an apotheosis, for from his ashes will arise the god who will illuminate the universe. Manahault is there with the others, but he is ill, he is suffering from a terrible and incurable disease; there was nothing to induce him to cling to life, of which he had exhausted all the pleasures; but he still hesitates, and the others seek to give him courage. "It is for thee, they say, to save heaven and the earth." Manahault obeys this injunction, he throws himself into the flames, by which he is consumed in an instant. His disease, to which every tradition refers, decided him; and, since then, apparently, the terrible evil was, in a manner, deified with him. That which was most revolting in the limbs of this improvised god, the most abject matter assumed mysteriously the symbols of greatness and majesty. The words which express the most infect corruption of the human body, have still, amongst a great number of the Indian nations, a meaning analogous to the highest enjoyment. In all the Spanish traditions which relate to the history of that god, Manahault is constantly spoken of under the denomination of Buboso (the syphilitic one). The word Puz, which signifies the stinking and

corrupt matter of the sores of that personage (Pox in the Tzendah and Zotzile languages), became a verb to signify a sacrifice, a holocaust, and especially the sacrificing of human victims. *Galel-Ahpop* is a princely title, and *Galel-ya* is a syphilitic. *Tepeu* signifies a bad form of syphilis, or one who is much affected therewith; *Gagaltepeual*, majesty generally and divine majesty.

CHAPTER II.

SYPHILIS IN THE MIDDLE AGES.

In the Middle Ages, as in early times, syphilis is only mentioned in a fragmentary manner, so that we have to look for it partly in local changes in the genital organs, and partly in more general manifestations, described under the name of lepra.

The documents which show the existence of syphilis at this period, although already numerous, would be much more so if we were to examine a large number of manuscripts which have hitherto remained buried in the dust of libraries. Thus, in one of these manuscripts of the ninth century, Daremberg * has succeeded in discovering a passage in which it is impossible to misinterpret the mention of the connection between diseases of the anus and those of the genital organs. Ulcers of the genitals, in particular, were well described at this period, as well by the Arabian school † as by English, French, and Italian physicians.

Guillaume de Salicet,‡ in the thirteenth century, in a remarkable work, heads one of the chapters, "*De corruptionibus, quæ fiunt in virga et circa præputium propter coitum cum meretrice vel fœdo;*" Lanfranc de Milan,§ some years later, speaks of excrescences on the prepuce, some soft, some hard, and adds:—"Ulcera veniunt ex pustulis calidis virgæ supervenientibus, quæ postea crepantur vel ex acutis humoribus locum ulcerantibus, vel ex commixtione cum fœda muliere, quæ cum ægro, talem habente morbum, coierat." Nevertheless it is to Valescus, of Tarentum,‖ that we owe the best description of chancres at the end of the fourteenth century:—"Ulcera et

* V. *Annales des maladies de la peau et de la syphilis*, t. iv. p. 275. Paris 1851-1852.

† V. Albucasis, Rhazès, Avicenna, &c.

‡ *Chirurgia*, lib. i. cap. xlviij. 1270.

§ *Practica seu ars completa chirurgiæ*, tract. iii. doct. ii. c. ii., et doct. iii. c. ii. *De ficu et cancro et ulcere in virga virili.*

‖ *Philonium*, lib. vi. cap. vi. fol. 156. Venetiis, 1502. Voy. de plus: P. d'Argelata, *Chirurg.* tract. xxx. cap. iii. Venetii, 1480.

pustulæ fiunt in virga *quæ aliquando ratione malæ curæ et durationis fiunt cancrosæ* in tantum, quod aliquando perditur virga vel pars ejus, aliquando fiunt extra in pelle, aliquando ut plurimum intra: causæ possunt esse primitivæ . . . . ut est coitus cum fœtida, vel immunda, vel *cancrosa muliere*. . . . . Vidi aliquos mori, quia tarde ad bonum parvenerunt medicum. *Virga enim erat circumdata toto ulcere cancroso cum duritie, et erat rotunda sicut unus napus, et homo erat jam discoloratus et semimortuus.*

Who does not recognise in this passage the indurated chancre, the true syphilitic and not the soft chancre? The existence of this symptom during the Middle Ages is, then, little to be doubted. Many other writers of the same period describe ulcers resulting from an impure connection, and in which it is also possible to recognise primary syphilitic sores, or even certain secondary symptoms. On this point Roger,* Roland,† Théodoric,‡ Trotula,§ Arnauld de Villeneuve,‖ Guy de Chauliac,¶ Jean de Concorrège,** Gaddesden,†† &c., are worthy of consultation. Some lascivious poets, such as Villon‡‡ and Pacificus Maximus,§§ have equally alluded to the affections in question. As to secondary symptoms, not only do they exist, but they are distinctly described by some physicians. Such, at least, appears proved by a passage taken from a manuscript which, according to Littré,‖‖ to whom we owe our knowledge of it, goes back as far as the thirteenth century. In a work without date, written by Gérard du Berri (*Glossulæ Geraudi*), quoted by Bernard de Gordon, Professor at Montpellier, we find, says Littré, in a chapter headed "*De ulceribus et apostematibus virgæ,*" the following valuable passage:—"*Virga patitur a coitu cum mulieribus immundis*

* *Chirurgie*, tract. i. lvi. 65 (in *Collect. chirurg.* Venetiis, 1519).

† *Chirurg.*, lib. iii. cap. xxxi., *ibid.*

‡ Lib. iii. cap. xxxviii., *ibid.*

§ *Curand. Œgritud. muliebr. libell.* Leipsick, 1778.

‖ *Breviar.* ii., 29, opp. Lugdun., 1532, fol. 1776.

¶ *Chirurg.* tract. iv. doct. ii. cap. vii.

** *Pract. nov. med.*, tract. iv. cap. v. Venet. 1515, fol. 640.

†† *Rosa Anglica*, lib. ii. cap. xvii.

‡‡ *Œuvres de Fr. Villon*, édit. Formey, 1742, p. 149.

§§ Celebrated poet of fifteenth century. See Sanchez, *Apparition de la maladie vénér.*, p. 110. The poems of P. Maximus were published at Florence in 1489.

‖‖ *Gaz. méd. de Paris*, 1846, p. note 931, on syphilis in the thirteenth century.

de spermate corrupto vel ex humore venenoso in collo matricis recepto; nam virga inficitur et aliquando alterat totum corpus." Although short, the latter part of the sentence is none the less definite: after having pointed out the infection of the genital organs, Gérard remarks that the whole body sometimes becomes affected.

Affections resulting from diseases of the genital organs appear also to have existed in the Middle Ages, but it is under the head of leprous diseases that we must look for them. In addition to the affections connected with lepra, and which belong rather to the domain of syphilis, a considerable number of facts, taken from the annals of the Middle Ages, give evidence of the existence, not only of chancrous lesions, but of syphilis itself. These facts, which relate chiefly to great personages of that period, are too voluminous to be given here, but have been collated, for the most part, in the work of Hermann Friedberg (*Die Lehre von den venerischen Krankheiten in dem Alterthume und Mittelalter.* Berlin, 1865, p. 88 *et seq.*) Consult also Corradi (Alfonso), *Caso di sifilide constituzionale nel trecento.* Milano, 1866, ii., and *Annales Univers.* cxclx. p. 40, gennaio. Contrary to what is observed in our days, lepra at that period was in fact a contagious disease, and consequently there is reason to believe that it was confounded with syphilis. Numerous writers assert the contagiosity of lepra.* One of them, B. Gordon,† relates the following curious fact:—"A certain countess, who had lepra, came to Montpellier, and I was called in to treat her for it. A bachelor of medicine, whom I had appointed to attend upon her, was unfortunate enough to share her bed: she became pregnant, and he leprous. Philo Schoff‡ relates a fact of the same kind. But more than this, lepra may result from an impure connection (*lepra ex coitu cum fœda muliere*) . . . . *et provenit etiam* (*lepra*), says Bernard de Gordon (*ibid.*), "*ex nimia confibulatione cum qua jacuit leprosus.*" Michel Scotus § shows still more plainly the connection which exists between affections of the genital organs and the lepra of that period, when he

* Roger de Parma, Forestius, Paulmier, Valescus de Tarente, Thomas Gascoigne, &c.; V. Astruc, p. 77, t. i.; trad. franç. de Louis.

† *Lilii particula*, i. cap. xxii. Venetiis, 1496.

‡ *Libr. de lepra.*

§ De procreatione hominis physionomia, cap. vi. 1477. See also Manardi de Ferrare, *Epistolæ medicinales*, 1525. Théodoric, *Chirurgia*, lib. vi. cap. lv.

writes:—"Si vero *mulier fluxum patiatur et vir eam cognoscat, facile sibi virga vitiatur, ut patet in adolescentulis qui hoc ignorantes vitiantur* quandoque virga, quandoque lepra."

J. de Gaddesden teaches us, on the other hand, that a woman who has had connection with a leper may communicate disease to the genital organs:—"*Ille qui concubuit cum muliere, cum qua coivit leprosus, puncturas inter carnem et corium* (*scil. virgæ*) *sentit, et aliquando calefactiones in toto corpore, et postea frigus et insomnietates, et circa faciem quasi formicas currentes.*"

Thus we may assume that constitutional syphilitic symptoms were, in the Middle Ages, confounded with those of lepra,* a disease somewhat in vogue, and which covered with its name a large number of diseases. This view is, moreover, supported by the authority of eminent writers. Hensler conjectured that syphilis resulted from a degeneration of leprosy, and Sprengel partly adopted this view; both founded their opinion, not only upon the acknowledged fact that the atmospheric constitution may, under certain circumstances and at certain times, modify the character of chronic diseases to such a degree as to give them a truly epidemic character, but also upon the circumstance that several of the physicians who have written on the *French disease*, agreed in regarding it as the old lepra (especially saphati) disguised under a new and unusual form. This opinion, moreover, appears the more plausible, inasmuch as the time of the appearance of the epidemic of the fifteenth century is precisely that in which elephantiasis was observed to decline gradually in Europe. The following letter, addressed in 1488, by Pierre Martyr,† to his friend Arias Barbosa, who had informed him of his disease, not only leads us to think that syphilis existed before 1495, but also shows

* In the *Pratique* of M. Pierre Bocellin, of Belley, in Savoy, *Sur la matière de la contagieuse et infective maladie de lèpre*, Lyons, 1540, cap. ii., we read: Valescus de Tarente, Guy de Chauliac, Discus fiorentinus, assign three causes to lepra. The primary cause is double, *i.e.*, it is either introduced into the belly of the mother impregnated at the menstrual period, or it comes from the *semen* of a leper. Inheritance is another cause. The author speaks, moreover, of hoarseness, snuffling, and fœtor of the breath.

† *Opus Epistolar.*, Petr. Martyris Anglerii Mediolanensis, Amstelodami, typis Elzevir, 1670, in fol., 2 col., liv. i. chap. xlviii. p 34. The first edition of these letters, now rare, appeared at Alcala de Henares in 1530.

the perfect analogy which exists between the French disease and elephantiasis. "You write me," he says, "that you are affected with a particular disease, called *bubas* by the Spaniards, *galico* by the Italians, elephantiasis by some physicians, and in various ways by others. You describe with incomparable elegance your evil, your losses, the uneasiness in your joints, the weakness of your ligaments, the excruciating pains in your articulations, and lastly, the ulcers and the fœtor of your breath. I pity you, dear Arias, &c.—*Giennio in nonis Aprilis*, 1488."

From these documents it results, then, that the physicians of the Middle Ages, like those of antiquity, recognised the manifestations of syphilis, but not syphilis itself. The link which connects the primary sore with the consequent symptoms had escaped them. Can we be astonished at this, when we remember that only within a few years we have recognised the relation between primary and secondary lesions and the visceral affections, previously described and treated under the name of cirrhosis, softening of the brain, &c.?

The progress made latterly we shall soon see completed altogether, as far as regards secondary affections. From that moment the nosological conception of syphilis will have become established.

CHAPTER III.

EPIDEMIC OF SYPHILIS AT THE END OF THE FIFTEENTH CENTURY. —SYPHILIS OF THE "RENAISSANCE" PERIOD.

Most of the physicians and historians of the end of the fifteenth century agree in signalising the appearance of a new disease; but they do not agree either as to the date or the place of its birth. According to Fulgosi,* two years before the expedition of the French against the Neapolitans, in 1492 therefore, the world was attacked by a new disease. Pomarus † bears witness to the appearance of this disease in Saxony in 1493.

We read in Sprengel ‡:—"At the commencement of the summer of 1493 this new disease already existed in Auvergne, and at the same time in Lombardy. In the summer of 1493 it showed itself at Halle, in the Mark Brandenburg, at Brunswick, and in Mecklenburg." Sciphover § relates that it broke out in 1494 in Westphalia, whence it soon spread upon the coasts of the Baltic, in Pomerania, and in Prussia. According to Linturius,‖ it manifested itself, in 1494, in Suabia, on the banks of the Rhine, in Franconia, and in Bavaria. A decree of the Parliament of Paris, issued in 1496, prescribes various measures to be taken against a disease called the *grosse vérole*, which for two years had been very prevalent in that kingdom. Lastly, Pintor ¶ relates, according to Chinchilla,

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* *De dictis factisque memorabilibus collect.* Milan, 1509.

† *Chronica der Sachsen und Niedersachsen*, t. ii., 1496.

‡ *Essai d'une histoire de la Médec.*, trad. franç. Paris, 1810, t. ii. p. 564.

§ *Chronica Archicomit. Oldenburg*, dans Meibomius, *Script. rerum German.*, t. ii. p. 188.

‖ *Append. ad fascicul. tempor.*, dans Pistorius, *Script. rer. Germ.*, t. ii. pp. 106, 108, 110.

¶ Rengifo, thèse de Paris, 1863. See also, on the appearance of the disease at Rome. Steph. Infessura, *Diarium urbis Romæ*, dans Eccard, *Corpus histor. med.*, t. ii. p. 2012. Delphini, *Epistol.*, lib. xii., in fol.; Bucchardi, *Diar. curiæ romanæ sub Alexandro VI.*, dans Eccard, *loc. cit.*,

that the epidemic of syphilis broke out at Rome, in the month of March, 1494, after the entrance of the sun into Aries.

The disease in question, regarded as a new disease, existed therefore, and even spread over the greater part of Europe, before the year 1495. That fact being accepted, is it any longer necessary to discuss the *American origin* of syphilis? On the other hand, can the French be accused of having carried this disease into Italy, when Charles VIII. did not start from Vienne, in Dauphiné, until August 23rd of the year 1494? By no means. It must be acknowledged, nevertheless, that it was at the siege of Naples especially that the new disease found the conditions most favourable to its development, for from that moment it attained a degree which it had never reached before.

Sabellicus* relates that a new kind of disease began to spread throughout Italy about the time of the first invasion of the French, *i.e.*, in 1495; and on this account probably it was called the *French disease*. After great sufferings, the body became infested with pustules, which degenerated into malignant ulcers, and disfigured it excessively. Few died of it, considering how many were affected, but still fewer were entirely cured; and not only Italy was subjected to this scourge, but also Germany, Dalmatia, and all parts of Macedonia and Greece. Almost a twentieth of the whole populations suffered from this disease.

Physicians, equally with historians, admit that a new disease spread in Italy, or even in other countries, at the period when the French went to besiege Naples.† The numerous records which they have left of this great epidemic enabled Fracastor to draw a faithful picture of this disease, copied chiefly from the descriptions of Grundbeck, Leoniceno, 1497; Gaspard Torella, 1500; Jacques Catanée, 1505; J. Almenar, 1510, and many other contemporary writers. The picture furnished us by Fracastor is worthy of repro-

t. ii. p. 201. Sarrazini observes that this plague raged at Ancona in the course of the same year, 1494. *Notizie istor. del. cit. Ancona.* Rome, 1675, in fol.

* M. Coccius Sabellicus, *Rhapsod., Enn.*, x. lib. ix. Venetiis, in fol., 1502, Paris, 1509. See also Guichardin, livre ii., de son *Histoire*; J. de Boudigné, *Thèse agrégative des Annales et Chronique de l'Anjou.* Paris, 1529, Part iii. p. 1801.

† See Joseph Grundbeck ou Grundpeck, *De pestilentia scorra sive mala de Frantzos;* Alex. Bénoît, de Vérone, attaché en qualité de médecin à l'armée vénitienne, défaite à Fornoue; Coradin Gilini, *Opusculum de morbo*

duction; it affords us an exact knowledge of the syphilis of that period. "In some persons," says that physician,* "the disease commenced without contagion; in others, and these were the greater number, it was transmitted by contagion. Not every kind of contact sufficed for producing it; it required that two bodies should become heated together, as occurs in the act of coition. And it was chiefly by coition that the greater number became infected. However, a considerable number of children contracted the disease by sucking their diseased mothers or nurses. The disease was not communicable at a distance; it did not show itself immediately, but sometimes at the end of one, two, or even four months; certain signs, however, announced already that the disease was in the germ.

"Those affected were sad, weary, and cast-down; they were pale; most of them had sores on the genital organs, ulcers similar to those which are wont to develop themselves on those organs after coition, and which are called caries, but of a very different nature; they were obstinate. When they were cured in one place, they appeared in another, and the treatment had to be recommenced. Afterwards, pustules arose on the skin, covered with a crust; in some they appeared upon the head, which was the most frequent place; in others they appeared elsewhere. At first they were small; afterwards they increased to the size of an acorn, which they resembled in shape, their appearance otherwise being similar to the crusta lactea of children. In some cases these pustules were small and dry. In others they were large and moist; in some livid; in others whitish and rather pale; in others hard and reddish. They always broke in a few days, and constantly discharged an incredible quantity of stinking matter as soon as open; they were so many true phagedænic ulcers, which destroyed not only the flesh, but even the bones. Those attacked in the upper parts of the body suffered from malignant affections, which eat away sometimes the palate, sometimes the fauces, sometimes the larynx, sometimes the

gallico; Barthélemi Montagnana, le jeune, de Padoue (conseil médical à Pierre Zeno); Nicolas Leoniceno de Vicence (*De morbo gallico*, 1497); Gaspard Torella (*De dolore in pudendagra*, 1500); Antonio Benivenio (*De abditis rerum causis.* Florence, 1507); Wendelin Hock de Brackenaw, *De morbo gallico*, cap. i.; Jacq. Catanée, *De morbo gallico;* Pierre Tropolinus, *Traité de la vérole;* Jean de Vigo, *Pratique de chirurgie*, lib. v. chap. i., and many other authors mentioned by Astruc, *loc. cit.*, pp. 113 et 122.

* Fracastor, *De morbis contagiosis.* Venetiis, 1546, lib. ii. cap. i.

tonsils; some lost the lips, others the nose, others all the genital organs. Many had gummy tumours on the limbs, which disfigured them, and were often of the size of an egg, or of a small loaf; when they broke, a kind of white mucilaginous fluid flowed from them. They attacked chiefly the arms and legs; sometimes they remained callous until death.

"But, as if all this were not sufficient, there ensued, moreover, severe pains in the limbs, often at the same time with the pustules; sometimes before, sometimes after them. These pains, which were persistent and unbearable, were chiefly felt in the night, and were seated in the limbs themselves, and in the nerves rather than in the joints; some, however, had pustules without the pains, others pains without the pustules; most had both pustules and pains. However, all the limbs were in a languid condition; the patients were wan and emaciated, without appetite, sleepless, always melancholy and ill-humoured, and anxious to remain in bed. Their faces and legs swelled, and a slow fever sometimes supervened, but rarely. Some suffered pains in the head, which were persistent, and did not yield to any remedy. If blood was drawn, it was found to be pure, and somewhat mucous; the urine was thick and red; by this sign alone, supervening in the absence of fever, the disease might be recognised; the stools were liquid and mucous.

"Such were the symptoms of the disease at its commencement; but I speak of a past time, for now, although the disease is still prevalent, it nevertheless appears to differ from what it was then. We have seen, during about the last twenty years, fewer pustules and more gummy tumours, which is the reverse of what was observed in the first years. The pustules, when any appear, are drier, and the pains, when any supervene, more severe. Within about six years the disease has again changed notably; we now see pustules in but very few patients; scarcely any pains, or much slighter ones, but many gummy tumours.

"A circumstance which has astonished everybody is the falling off of the hair of the head and other parts of the body, which produces a ridiculous appearance; some have no beard, some no eyebrows, some are bald. At first these results were attributed to the remedies, especially to mercury. Now it is still worse: in many the teeth become loose, and in many they even fall out."

Such is the picture, somewhat too darkly coloured perhaps, which Fracastor has left us of this famous epidemic, which had already,

when that author wrote, lost much of its intensity. Like Fracastor, Guichardin and Ulrich de Hutten acknowledge the mitigation of the venereal disease, and it would even appear from their account that it did not retain its pestilential character for more than seven years.

Most of the syphilographers of the sixteenth century are unanimous concerning the time of the decrease of syphilis. Vidus Vidius,* Ant. Musa Brassavole,† François Lopez de Gomora,‡ G. Fallope,§ Bernardin Tomitano,‖ Levinus Lemnius,¶ Alex. Trajan Petronio,** Mercurial,†† Laurent Joubert,‡‡ Jean Varandé,§§ André Césalpin,‖‖ Epiphane Ferdinand,¶¶ Alexandre Déodat,*** J. S. Velschius,††† J. Winell,‡‡‡ Thomas Sydenham,§§§ Jean Deveaux,‖‖‖ record that towards the middle, or at least towards the end, of the sixteenth century, the epidemic form of syphilis had disappeared, and that chiefly in the places of its greatest intensity.

We are now acquainted with the different phases of the great epidemic of the fifteenth century, as they are described by contemporary writers. That this epidemic was of a syphilitic character can scarcely be doubted. Certain authors, however, believed that they

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* *Curation des maladies en général*, sect. ii., liv. iii. Florence, 1594; Francfort, 1596, in fol.

† *Tractatus de usu radicis chinæ*, &c., in Aloysi Luisini *de morbo gall.*, &c. Venise, 1566, 1567.

‡ *Histoire générale des Indes*, 1553.

§ *De morbo gallico tractatus.* Padoue, 1584, in 4°; Venise, 1585, in 8°.

‖ *De morbo gallico*, liv. ii. p. 2.

¶ *De occultis naturæ miraculis libri duo*, lib. ii. cap. iv. Anvers, 1559, in 12°; trad. franç., Paris, 1567, in 8°.

** *Traité de la vérole*, liv. ii. chap. xxii.

†† *Traité de la vérole*, chap. ii. Citation de Astruc, p. 357.

‡‡ *De variola magna sive crassa*, cap. iii. et *Erreurs populaires*, &c. Bourdeaux, 1570, in 8°.

§§ *Tractatus de lue venerea et hepatide.* Genève, 1620, in 8°.; Lyon, 1658, in fol.

‖‖ *Praxis universæ artis medicæ.* Trévise, 1606, in 8°.

¶¶ *Centum historiæ seu observ. et casus medici* (obs. 17). Venetiis, 1621, in fol.

*** *Valetudinarium.* Leyde, 1660.

††† *Recueil de curations et d'observations médicales*, obs. 175, cité par Astruc.

‡‡‡ *Traité de la vérole*, cité par Astruc.

§§§ *Epist. secunda responsoria, de lue venerea.* Londres, 1680, in 8°.

‖‖‖ Notes added to the French translation of the Latin treatise by Charles Musitan, *Sur le mal vénérien*, chap. iv. liv., i. Trévoux, 1711.

saw in it diseases variously combined; others denied its specific origin, and thought that they had to do with quite another disease, typhus (Cazenave), glanders, farcy (Ricord, Beau, &c.).

It does not enter into our plan to analyse these various opinions; the best means of refuting them is to prove that the epidemic of the fifteenth century is not unique of its kind, and that since that period there have been observed several endemo-epidemics, evidently syphilitic, or at least very analogous to that epidemic.

The comparative study of these endemo-epidemics, which constitute, in all respects, a part of the historical domain of syphilis, fits in here quite naturally. A comparison of them will permit, moreover, of better seizing the resemblances of each of them. The topographic description, which will follow, by showing that, even in our days, when it comes to develop itself under special conditions, syphilis puts on a thoroughly malignant character, will render more evident the similarities between the epidemic of the fifteenth century, those which followed it, and certain cases of syphilis in our own times.

CHAPTER IV.

ENDEMO-EPIDEMICS OF SYPHILIS SUBSEQUENT TO THAT OF THE FIFTEENTH CENTURY.

Deprived of its epidemic character before the middle of the sixteenth century, syphilis, spread over a large portion of the surface of the globe, continued to prevail with moderate intensity and in a simple and benignant form. Under certain circumstances, however, it is seen suddenly to extend to a great number of persons, and to assume a more acute type. It is thus that it appeared in 1578, at Brünn, in Moravia, in a locality where the peasants are much addicted to good living and the use of spirituous liquors.

§ 1. *The disease in Brünn.**

This epidemic, without being very fatal, was accompanied by most alarming symptoms. In less than two or three months, 180 persons were attacked by it in the town or suburbs, and many of the country people were equally affected. The cause of it was attributed to the waters of the baths, the inhabitants being in the habit of bathing on a certain day and of having blood drawn by cupping, and it was believed to have commenced on Saint Luce's Day, a festival celebrated with pomp in the town. Those who had bathed and been cupped on that day were observed to have contracted it. It did not become developed, however, until one or two weeks, or even a month, after that period. The Senate caused the bathing establishment to be closed, and the disease, which had become mitigated during the winter, disappeared towards the vernal equinox.

After a certain period of unusual lassitude, inflammation and

* Thomas Jordan, *Brunno Gallici seu Luis novæ in Moravia exortæ descriptio.* Francfort, 1578, 1580. Sporisch, *Idea Medici*, &c. Francfort, 1582. Crato, in Scholz *epistol.* Hanovre, 1610, 242. Ozanam, *Hist. méd. des épidémies*, t. v. p. 277. Paris et Lyon, 1823. Jeitteles, Prag. Vierteljahrsschrift, lxxix. p. 49.

sanious ulcers appeared on the places where the cupping-glasses had been applied. It was a singular circumstance that, notwithstanding the great number of cupping-glasses applied, one or two only became the seat of ulcerations. In some, the whole body was afterwards covered with pustules, which rendered the face deformed and horrible. During the progress of the disease, callosities supervened upon the head, which, on bursting, discharged a viscous fluid, like turpentine. Severe pains were then felt in the arms, shoulders, lower extremities, and especially in the tibiæ, where those bones are covered by periosteum only. The pains increased at night and diminished in the morning. Next followed prostration of strength, stupidity, and even mental aberration. A fœtid discharge flowed from the nostrils, the appetite was lost, and the patients wished for solitude. Bitters, decoction of guiacum, and turbith mineral were the chief remedies employed; the ulcers were dressed with mercurial ointment.

§ 2. *Pian.—Yaws.—Frambœsia.*

Hans Sloane, Voyage aux îles de Madère, la Barbade, Saint-Christophe, la Jamaïque, &c. Londres, 1705, 1725. *Bontius*, Medicina Judorum, cap xix. Lugduni Batavorum, 1718, 94. *Labat*, Nouveau Voyage en Amérique, 1722, 6 vols. in 12°, 10, 358. *Winterbottom*, Account of the nat. Africans of Sierra Leone, vol. ii. chap. viii., 1742. *John Hume*, A description of the African distemper called the yaws, &c. Med. Essays and Obs. by a Society in Edinburgh, vol. v. post ii. p. 87, 1742. *Dazille*, Observations sur les maladies des nègres, 2 vols. in 8°, Paris, 1742. *Allamand*, in Nov. act. natur. curios. Academ. Leopold IV., 88, 1742. *Hillary*, Observations on the changes of the air and the concomitant epidemical diseases in the island of Barbadoes. Londres, 1759, in 8°. *Desporte*, Histoire des maladies de Saint-Domingue. Paris, 1770, ii. 61, 65. *Bancroft*, An essay on the nat. hist. of Guiana, in 8°. Londres, 1767. *Schilling*, Diatribe de morbo yaws dicto. Utrecht, 1770, in Schlegel Thesauro, ii., part i. 217. *Boyle*, Account of the west coast of Africa, 387, 1773. *Jacq. Bruce*, Travels to the sources of the Nile, iii. 36, 1773. Traduct. franç. par Castera, 1790, 5 vols. in 4°. *Arthaud*, Traité des pians au Cap-Français, in 4°, 1776. *Bajou*, Mémoire pour servir à l'histoire de Cayenne et de la Guyane. Paris, 1777, 1778. *Peyrilhe*, Précis. théor. et pratique sur le pian et la maladie d'Amboine. Paris, 1783. *Swediaur*, Practic observ. on venereal complaints. Edinb., 1788, p. 248. *Ludford*, Dissertat. de Frambœsia. Edinb., 1791. *Nisseaus*, Spec. de nonnull. in colon. Surinam. observ. morbis. Harderov, 1791. *Hunter*, Remarques sur les maladies des troupes anglaises dans la Jamaïque, trad. allemande. Leipsick, 1792, 229. *Rodschied*, Med. und chirurg. Bemerkungen über Rio Essequebo. Francfort, 1796, 226. *Sprengel (K.)*, Beiträge zür Geschichte der Arzeneikunde. Halle, 1796, Vol. I. fasc. iii. Cet auteur s'attache à séparer le yaws du pian. *Kunsemuller*, Spec. de morbo yaws, &c. Halle, 1797. *Camper*, Traité pratique des maladies des pays chands, 1802. *Savaresy*, De la fièvre jaune, &c. Naples, 1809, 92. *Corneiro*, in Rivist. med. flumin., 1835, No. 3, et 1836, No. 23. *Mason*, in *Edinb. Med. and Surg. Journal*, xxxv. 52, 1831. *Rankine*, *ibid.*, xxviii. 283. *Maxwell* Observations on yaws, &c. Edinb., 1839. *Levacher*, Guide Méd. des Antilles, &c., 2e édition. Paris, 1840, 278. *J. Thomson*, Observat. and Experim. on the nature of the morbid poison called yaws, &c. In *Edinb. Med. and Surg. Journ.*, 1819, t. xv. 321, et 1822, t. xviii. 32. *Waitz*, On diseases incident to children in hot climates. Bonn, 1843, 282. *Fox*, in Wilkes' Narrative of the U. S. Explor. Exped. Philad., 1845, iii. 316. *Ferrier*, in Répertoire général d'Anatomie et de Physiologie pathologique, iv. 170, 18. *Baudoin*, *Gazette Médicale* de Paris. *Furnari*, Voyage médical dans l'Afrique méridionale. Paris, 1845. *Bryson*, Report on the climate and diseases of the African station. Londres, 1847, p. 260. *Duncan*, Travels in Western Africa. Londres, 1847, ii. p. 96. *Pruner*, Die Krankheiten des Orients. Erlangen, 1847, p. 174. *Rendu*, Etude topographique et médicale sur le Brésil. Paris, 1848. *Heymann*, Darstellung der Krankheiten in den Tropenländern, p. 219. *Lemprière*, in Pinkerton Collect. of Voyag., xv. 689. *Löffler*, in Beiträge zur Arzneiwissenschaft, &c., i. *Nielen*, Verhandel der Weese ch., &c. Haarlem, xix. 135. *Oviedo*, Hist. gener. y natural de las Indias, lib. ii. caps. 13, 14. Tolède, 1535. *Paulet*, in Arch. génér. de Médecine, août, 1848, p. 385. *Ritchie*, in *Monthly Journ. of Med.*, mai, 1852. *Guyon*, Recueil de mém. de méd. militaire, xxix. 159, et *Gaz. médicale de Paris*, 446, 1853. *Dumontier*, in Nederlandsch *Lancet*, Sept., 1855. *Gomez*, in Mémoires de l'Académie des Sciences de Lisbonne, iv. i. *Rochoux*, in *Journal de Physiologie*, No. 4. *Sigaud*, Du climat et des maladies du Brésil, &c., 117-375, et Ann. des malad. de la peau, t. ii. p. 83. Paris, 1846.

The names yaws, pian, frambœsia, serve to indicate in different countries a disease, the unity of which, in spite of some opposite opinions, is now generally recognised, and which, like the foregoing epidemic, appears to belong to the domain of syphilis. Pointed out as early as the tenth century by the Arabian physicians, who gave it the name of Sahafati,* this disease, which attacked chiefly the negro race, has only really been made the object of serious study since the observations of Pison † were published.

It is met with from the left bank of the Senegal River to Cape Negro, in Senegambia, Congo, Sierra Leone, Nigritia, and most of the colonies to which negroes are carried, especially in the

* Théodoric, lib. viii. cap. xviii. Venetiis, 1492, 57. Hirsch, *Geogr. Path.*, p. 784.

† Pison, *De Medecina Brasiliensi*, lib. ii. cap. xiv., 1648, in fol.

Southern States of America, in the Antilles, in Cuba, Mexico, and the whole of South America. It is observed, moreover, amongst the Indians of South America and of the Antilles, more rarely amongst the mulattoes, creoles, and coloured people of the north and east of America, and still more rarely amongst the whites.

The yaws begins by a state of languor and weakness, pains in the joints, sometimes fever, especially in children; pian generally presents the same initial symptoms. There afterwards appear in the different regions of the body, in pian, little red pimples; in yaws, papules and pustules, which soon become covered with uneven crusts, beneath which there are more or less extensive ulcers. These ulcers, which coexist with voluminous common tubercles, to which latter is due the name of yaws, are sometimes raised, bleed at the slightest touch, and are followed by a scar. After pian, is observed, amongst other lesions, the affection of the bones characterised by wandering osteocopic pains, exostoses, &c.

These various symptoms, and many others too numerous to mention, are evidently not wanting in analogy with those of syphilis; but that which proves, above all, the identity of the nature of these morbid conditions and the necessity of classing them with each other, is the mode of their propagation.

Like syphilis, pian is contagious. Several negro children having been taken from an elevated spot into a sugar plantation, where they were placed with other children with whom they took their food, three of them were attacked, seven weeks later, by fever, uneasiness, and a general eruption; the others fell sick at the end of ten weeks, and all were restored to health at the end of the eighth month (Thomson).

"I shut up," says Paulet, "in a room to which no one else had access, twelve children born of diseased parents; their nurses were not affected with pian, their own health was particularly good, and yet in three, four, and seven months these children had pian, and some time after, in an interval of from two to six months, the nurses also became affected. This fact proves not only the contagiosity, but also the hereditary transmission of pian. Thirty adult negroes presented," adds the same author, "a well-marked eruption, twenty-five to fifty days after having had connection with negresses whom I had examined, and in whom I had found tubercles upon the abdomen, chest, and inner part of the thighs."

Pian is also transmissible by inoculation, as proved by the experiments of Thomson and Paulet. A child was inoculated at five points with matter taken from pustules, the crusts of which had been removed. Three of the punctures healed; the other two, after having had for three weeks the appearance of slight excoriations, changed into small ulcers, which soon became dirty and uneven. Seven weeks after the inoculation, numerous pustules appeared on the forehead, then on the rest of the body, and the disease lasted nine months altogether. A young negress, who had been inoculated with variola, furnished matter for the inoculation of another child. Shortly after the operation, she confessed that she had yaws . . . .; the child inoculated had small-pox mildly; but at the end of two months yaws showed itself, and ran its ordinary course. Blood from this subject, inoculated in two cases, did not produce any symptoms, however (Thomson).

Hunter, in his treatise upon venereal diseases, relates the fact of inoculation occurring accidentally in a physician.

Paulet writes:—"I made several punctures, with a lancet dipped into the discharge of pian, in the inner part of the thigh of four healthy subjects. They produced no result at the spot where the instrument had been applied; but from twelve to twenty days after, a characteristic eruption appeared on the forehead, chin, arm, and abdomen. In six other experiments, the eruption commenced at the point of puncture, and afterwards ran the same course as in the preceding cases." "During some minutes," adds the same observer, "on two successive days, I made friction with a pledget of lint steeped in the same fluid, on the inner part of the arms of three young men of seventeen, in perfect health, and on the twentieth day the transmission of the disease was evident. It is incontestable, therefore, that pian is transmissible by direct inoculation, by the application of the discharge to an excoriated part of the skin; it is communicated, further, by sexual intercourse, by suckling, by kitchen utensils, and doubtless by other means (small-pox inoculation). It is an hereditary disease, which develops itself in children in from three or four to seven months. The opinion generally adopted is, that it is only contracted once (Nielen, Peyrilhe, Rankine, Levacher, Hillary, Hunter, Savaresy, Paulet, Bajon, Segond, Dumontier, Thomson). In all these respects, therefore, pian does not differ from syphilis; but the treatment serves further to show the relation between these two diseases, since the remedies most beneficial in the latter are also those best suited for combating the former.

§ 3. *Sibbens of Scotland.**

The sibbens, or sewens, a disease peculiar to the west of Scotland, and especially to the counties of Galloway, Dumfries, Wigton, Ayr, &c., first began to be observed towards the end of the seventeenth century (1694), at which period, according to some writers, it was imported by the soldiers of Cromwell. It is an hereditary and contagious disease, and is communicated by means of drinking-vessels, or towels, by suckling, by sleeping with a person affected, and by coition (Wills, Swediaur). It presents itself in the form of buboes, nodes, ulcers which occupy by preference the throat, the mouth, and the genital and anal regions, affections of the bones which, as in the case of the foregoing diseases, are curable by mercury. But that which especially characterises this disease and links it to the syphilis of the fifteenth century, and to pian or yaws, are the spongy or fungous excrescences which appear upon the skin, wherever there is the least spot, excoriation, or ulcer. From the resemblance of the excrescences to the fruit of the wild raspberry of the country, called, in the Celtic language, "swin," comes the name swinn, sibbens, or sewens, which has been given to this disease, now rapidly decreasing, if not already quite extinct.

§ 4. *Radesyge of Sweden and Norway.*

Arbo, Afhandl. om Radesygen, Kjobenh, 1792. *Maugnr*, Unterrett om Radesygenskjendetega, &c. Kjobh., 1793. Ces deux ouvrages ont été traduits en allemand par Hensler. Altona, 1797. *Möller*, in Tode's Journ., v., Heft i., Munk, *ibid.* *Sammandrag* of Berattelser . . . om vener. sjukdom, &c. Stokh., 1813. *Bœcker*, in *Edinb. med. and surg. J.*, v. 420. Cederschjold, Juledn. till. en narmäre Känned., &c. Stockholm, 1814. Charlton, in *Edinb. med. and surg. J.*, xlviii. 101. *Pfefferkorn*, Ueber die norw. Radesig. und Spedalsked. Altona, 1797. *Mülertz*, Bidrag til Oplisning om radesygens Natur og Laegemaade. Kopenhage, 1799.

* B. Bell, *Traité des maladies vénériennes*; transl. by Bosquillon. Paris, 1802. Blair, Miscell. observat., in *The pract. of physic*, &c. London, 1718. Craigie, *Elements of the pract. of phys.* Edinburgh, 1836, i. 681. Faye, in *Norsk. Mag. for Lœgevidensk.*, 1, 2. Freer, *Diss. de syphilide venerea.* Edinburgh, 1767. Gilchrist, in *Physical and literary essays.* Edinburgh, iii., 1771, 177. Hill, *Cases of Surgery.* Edinb., 1772. Skene, in *Monthly Journ.*, 1844, June, 615. Wallace, in *Behrend's Syphilidologie*, 31, 475. Wills, *ibid.*, April, 282. Ozanam, t. v. p. 311, 1823. Swediaur, *Traité des maladies vénériennes*, traduct. franç. Paris, 1801, p. 379.

Ahlander, Dissertatio de morbo cutaneo, luem venéream consecutivam similante. Upsala, 1806. *Holst*, Morbus quem Radesyge vocant, &c. Christiania, 1817, in Hufeland Journ., xlix., Heft 4, 96. *Vought*, Dissertatio sist. obs. in exanthem. arcticum, vulgo Radesyge dictum. Greyswalde, 1811. *Osback*, Exposé de la méthode pour guérir les maladies vénériennes dégénérées. Stockholm, 1811. *Gedike*, Diss. de morbo quem Radesyge vocant. Berolini, 1819. *Græfe*, in Ejd. Journ., xxix. 480. *Hebra*, in Wien. medic. Wocheschrift, 1852, No. 48, und Zeitschrift d. Wien. Aerzte, 1853, 60. *Hedlund*, in Svensk Läk. Sallsk. Handl., v. 176. *Hialtalin*, Diss. de Radesyge. Kiel, 1839. *Hjort*, in Eyr ii. 209, und Norsk. mag., i. 1. *Hunefeld*, die Radesyge, &c. Leipsick, 1828. *Huss*, Om Sverg, end. sjukd. Stockholm, 1852, 10, 33, 43. *Danielsen* et *Boeck*, Traité de la Spedalsked. Paris, 1848. *Kierulf*, in Hygiea, xii. 173. *Froebelius*, in Petersb. med. Ztch. ii. 1862. *Boeck*, in Norsk. magaz. for Laegevidensk. ii., Raek. vi. et Deutsch. Klinik. 1853. *Hjort*, *ibid.*, xv. 5, p. 527.

The radesyge of Sweden and Norway, a disease which, in Scandinavia, is what the sibbens is in Scotland, has in recent times been made the subject of profound study by Hjort in Norway, and by Kjerrulf and Magnus Huss in Sweden. Still more recently, Professor Boeck, of Christiania,* has published, concerning this question, a treatise remarkable for the number of its references, in which, after having pronounced against the opinion of the physicians who asserted the identity of syphilis and radesyge, he concludes by admitting that these two diseases are not different.

In 1758, Honoratius Bonnevie, having received orders to proceed to Egersund and Stavanger, to investigate a new disease prevailing in those towns, learned that this disease was entirely unknown there until 1710, when a Russian vessel came to pass the winter near Stavanger. Two Norwegian women sometimes went on board to visit the Russians; they returned with ulcers upon the genitals which prevented them from walking. At the same time, their throats and other parts of their bodies were affected. The peasants, observing this disease, called it *radezyge*, which signifies, in Norwegian, foul disease.

This disease increased in extent from 1750 to 1760; but its greatest development only dates from the end of last century, when, according to Maugor, it was met with in all parts of Norway, but chiefly on the coasts, and especially at Bergen and Christiania. In

* *Traité de la Radesyge.* Paris and Christiania, 1860.

opposition to Dr. Cron, who declared the disease to be of venereal origin, Maugor identified it with spedalsked; but in the facts which this observer records we easily recognise syphilis. At that time, moreover, mercury constituted, in general, the basis of the treatment. Steffens, summoned to study and treat the disease on the spot, recognises in it two forms of affection: one which is spedalsked, the other radesyge, properly so called. In the latter, the patient has ulcers in the throat; in many individuals the uvula is destroyed, in others there are fleshy excrescences about the anus and genital organs; indurated glands are seen, generally, on various parts of the body; severe pains are felt in the joints; the bones of the nose are carious. Hans Munk takes a very similar view, viz., that radesyge includes—1st, syphilis insontium, or sibbens; 2nd, spedalsked, and all the malignant plagues.

Professor Sorrensen, who does not consider radesyge to be of a syphilitic nature, sums up, nevertheless, as follows, the symptoms of this disease:—

"Pains in the head and limbs, especially during the night; herpetic eruptions on the forehead, chest, shoulders, and arms; slight inflammation of the throat. The herpetic eruption becomes more extensive, and acquires a raised margin. It shows itself on the face, in patches, at first superficial, which gradually become deeper; subcutaneous tubercles are formed, which pass into a state of inflammation and suppuration. The inflammation of the throat increases; there is ulceration of the uvula and tonsils, which extends to the pharynx; similar ulcers appear in the region of the palate; the palate bones are attacked and destroyed. On the limbs appear ulcerations with dark red edges, sometimes covered with a thick dry crust. On the genitals, anus, and perineum are developed condylomata and excrescences which extend to the thighs. The disease attacks the septum of the nose, which ulcerates and becomes perforated; there is caries of the osseous system, especially of the bones of the nose, the long bones, and the frontal bones; tophus and exostoses are observed, which soon change to caries. The primary cause of the disease is unknown; all that is known is that a *contagium* is developed which is communicable by means of the saliva, the perspiration and ichor, knives, spoons, and clothes, as well as by contact. Mercury is the first and most important of all the remedies for it."

In Sweden, radesyge is observed chiefly in some of the towns of

Gothland, Fönköping, Kronoberg, Blekinge, Gotheborg, &c. In the fief of Calmar, where the disease prevailed, it was believed to have been imported, in the times of Charles XII., by soldiers returning from Norway, and to have been spread by sailors and a female spinner of Stockholm. In East Gothland it appears to have been imported by soldiers after the war in Pomerania, in 1762. In Norrtelge it is supposed to have been introduced in the same manner, in 1790, after the war of Finland.

This disease, which has now partly disappeared in the above-named countries, still prevails on the opposite coast of the Baltic, where it is known under various denominations according to the localities.

*Syphiloid of Jutland.**—Under this name, Van Deurs has described a disease which he compares to the radesyge of Sweden. But, like Lillie, who had already been sent to Jutland in 1777 to investigate this disease, Van Deurs, on account of the rarity of gonorrhœa amongst the patients he examined, believed the disease in question to be distinguished from true syphilis, and classed it as a separate form, syphilis of the innocent (*syphilis insontium*), for the sole reason that it is chiefly transmitted by spoons, drinking-vessels, clothes, and bedding. Dr. Hassing,† who sees no difference between the syphiloid of Jutland and true syphilis, points out how difficult it is to ascertain the real cause of the disease, which those affected are naturally disposed to attribute to any other circumstance than coition. To him the transmission of secondary affections did not appear doubtful, and he believed that it occurred especially by mucous tubercles.

In Holstein an epidemic is also observed, known under the name of *morbus venereus dithmarsensis*. This disease, which, according to Hübener, showed itself as early as the year 1762, was believed by the physicians of the country to have been imported by the Norwegians, who, in 1785-87, were engaged in making dams in the neighbourhood of Bourg-de-Marsie.

Brandis, De morbo in Holsatiæ nonnulla regione grassante contagioso ex genere lepræ observationes. Hall. Allg. Litt. Zeitung, 1811. In Bibl. for Læger, 1813, i. *Dührrsen*, In Pfaff. Mittheil. Jahrgang, i. Heft 3 und

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* Van Deurs, in *Journ. for Med. og Chirurg.*, 1835, juin (*Journ. de Medecine et de Chirurgie*, juin, 1835). Ditzel, in *Biblioth. for Læger* (Bibliothèque pour les Médecins), 1845, ii. 270. Otto, in *Rust Magazin*, liv. 203. Uedall, in *Biblioth. for Læger*, 1842, i. 337.

† Rollet, *Recherches sur la syphilis*, p. 108.

raged with equal intensity amongst the natives of Columbia, and of the provinces of the Russian territory in North America.* Syphilis in the United States of America does not differ from the same disease in Europe; amongst the negroes,† however, it is frequent and malignant, as it also is among the Indian tribes in the West, since they began to mix with Europeans.‡ Among the natives of California it has extended to such a degree that it is not uncommon, according to Praslow, to see all the members of a family affected by it. It is not less widely spread in Texas, where Husson § and Swift ‖ attribute it to the communications established between the Indians and the Mexicans.

It has been generally agreed¶ to admit that syphilis has attained a greater extension in Mexico than in most other parts of the surface of the globe; the people are so ignorant of the real nature of the disease that they speak of it as of any other, attribute it to general causes, and entertain no doubt as to its spontaneous origin. As early as last century, Hunter** informed us that syphilis was more rare in the Antilles, and especially in the districts where it is asserted to have had its origin, than in any country of Europe. Cordova†† insists upon the relative infrequency of this disease at Porto Rico, and states his belief that it was imported from Spain. More recently, Clark ‡‡ affirmed that syphilis was scarcely known in some of the West India Islands. The disease, according to that author, is so rare among the English troops in Jamaica, that it is possible to find more cases in a single regiment in the East Indies than in the whole garrison at the Antilles.§§ At Haiti, however, it is more

* *See* Blaschke, *Topogr.*, 66. Romanowsky, in *Med. Zeitung, Russland*, 1849, No. 20.

† Tidymann, in *Philosoph. Journ. of Physic.*, sc. iii. No. 6.

‡ Hunter, *American Med. Record*, v. 412.

§ Coolidge, *Statistical Report*, &c. Philadelphia, 1856, 377.

‖ *bid.*, 385.

¶ *See* Uslar, in *Preuss. med. Veriens Ztg.*, 1843, No. 36. Stricker, in *Hamb. Zeitschr. für Med.*, xxxiv. 530. Newton, *Med. topogr. of the City of Mexico*. New York, 1818. Porter, in *American Journ.*, January, 1853, 40.

** *Remarques sur les maladies des troupes dans la Jamaïque*. Leipsick, 1792, 214.

†† *Memor. geograf. de la Isla de Puerto Rico*. Sanmiltan, 1831.

‡‡ *Madras Quarterly Med. Journ.*, i. 381.

§§ *See* also Saunders, in Hermann Holder, *Traité de malad. vénériennes*, p. 132.

common and more severe, especially amongst the negroes.* Debauchery, and the few precautions adopted at St. Domingo in reference to sexual intercourse, render venereal affections more common than most other diseases in that country, where, in addition to their usual symptoms, they assume many forms, and complicate most other diseases.†

In Central America,‡ and in several parts of South America, syphilis is as common as in Mexico. Carl. Heinemann (*Kleinere Mittheilungen von der Mexicanischen Expedition*, in Archiv für path. Anat. und Physiol., t. 39, p. 613) speaks of the severity of syphilis in Mexico. Coindet (*Rec. de mém. de méd. et de chirurgie militaire*, t. 13, série 3, p. 339) points out the frequency of indurated chancre in comparison to soft chancre and gonorrhœa, the early appearance of general syphilitic symptoms, and the intensity of the irruptive fever. Several American physicians whom I have had the opportunity of consulting on this point, have informed me that syphilis is particularly severe in Mexico, amongst the Europeans recently disembarked; amongst the natives and the acclimatised Spaniards it is not, on the whole, more malignant than in France. There, as in many other places, the degree of intensity of the disease appears to depend upon the state of acclimatisation of the individual affected. In the Brazils it is frequent and severe amongst the Indian population which has any intercourse with Europeans,§ while, according to Martius,‖ it is entirely unknown to the tribes which inhabit the West. It is common in Bolivia,¶ Peru,** Chili,†† and in the States of Rio de la Plata.‡‡ Tschudi observes that syphilitic diseases are so widely spread through-

* Hirsch, *Hist. geographisch. Pathologie*, t. i. p. 363.

† *Conseils aux Européens dans les climats chauds*, t. viii. p. 463. *Maladies communes à Saint Domingue.*

‡ *See* Bernhard, in *Deutsch. Klinik*, 1854, No. 11.

§ Pleasants, *Americ. Journ.*, July, 1842, 88. Rendu, *Études topogr.*, &c., *sur le Brésil*. Sigaud, *Du climat et des malad. du Brésil*, 117, 133, 421.

‖ Buchner, *Repertor. für Pharmacie*, xxxiv.

¶ Bach, *Zeitschr. für vergleich. Erdkunde*, iii. 543.

** Lesson, *Voyage*, p. 27. Tschudi, *Œst. med. Wochenschrift*, 1846, 474.

†† Poppig. in *Clarus und Radius Beiträge zur Heilkunde*, i. 529. Laforque, *Bulletin de L'Académie de méd.*, xvii. 189.

‡‡ Brunet, *Observ. topograph.*, &c., 45. Tschudi, *Wien. med. Wochenschr.*, 1858, No. 45.

out the whole Argentine Confederation, that even in the most isolated localities, individuals are met with having great disfiguration of the face. Oister states that one-third of the population of Cordova is affected with syphilis, and that individuals suffering from that disease are seen by dozens begging in the streets. With regard to the arrival of syphilis in those countries, it results from the researches of Tschudi that the disease was not known in Peru before the Conquest; and, according to that author, and several others, it must have been introduced either by the Spaniards or by the negroes. Less general amongst the Indian population in Chili than amongst the Europeans, syphilis is entirely unknown amongst the tribes who live to the west of the Andes.

Such, then, in the main, are the chief data concerning the state of syphilis in the various parts of the globe. Now that we have made known the principal historical features of this disease, from the earliest times to the present day, the moment has arrived for looking back and embracing in one general view the space we have traversed. At all times and, so to speak, in all places, wherever a system of medical observation has existed, the existence of various affections of the genital organs has been recognised, some of which are not without analogy with the primary lesion of the syphilis of our own days. Ulcers of the mouth and throat, eruptions of the skin, changes of the osseous system, although less frequently mentioned, were not, however, wanting. From the earliest times, therefore, most of the manifestations, to the *ensemble* of which we will apply the name of syphilis, were known. One thing only was wanting for the early observers—viz., a synthetic knowledge of the disease; and of the symptoms which belong to it, some were described separately in the chapter devoted to ulcers of the genital organs; others were confounded and classed with the usual diseases of the period, and especially with lepra. It required the great epidemic of the fifteenth century to show the connection between primary lesions and secondary and tertiary affections, *i.e.*, between ulcers of the genitals and eruptions of the skin, or affections of the bones. From that time only, syphilis appeared complete in all points, and from that time dates, in reality, the establishment of our present syphiligraphic system. Obscure at first, this system has gradually become unfolded. Contagion by the *quid ignotum*, which took the name of *virus*, soon came to be recognised, and sexual intercourse was

regarded as the most frequent source of infection. The evolution of the disease was made clear, the more deep-seated manifestations, those only which attack the viscera, remained in the shade. A day came, however, not much before our own, in which doubts arose concerning the solidity of the brilliant theory founded upon the observations of several centuries. Shaken for awhile by the agitation produced in enlightened minds by the revolutionary ideas of Broussais, this theory soon assumed a better form, and became unshakeable. Some conscientious observers, however, still ask themselves whether the epidemic of the fifteenth century really was syphilis, and some doubt still seems to exist; but it can only be transient. The endemo-epidemics subsequent to that of 1495 present, in fact, according to most observers, such a perfect resemblance to the latter, that it is impossible to doubt of their identity, and it might even be justifiable to imitate certain authors who connect these epidemic manifestations with some diseases observed and described in earlier times. A circumstance which proves pretty clearly, however, the syphilitic nature of these various epidemics, is the possibility of connecting their symptomatic disturbances with those of syphilis, studied at the present day under conditions peculiar to certain countries. This study brings out the important fact, that while there are localities in which syphilis is generally mild, or has even been unable hitherto either to become acclimatised or to develop itself, there are others in which that disease, widely distributed, generally shows itself in the most hideous and severest forms; such, for instance, as the great sea-port towns, especially those where the temperature is low and the abuse of spirituous liquors great; further, certain countries in which the disease presents itself with a totality of symptoms differing but little from that which has been observed in the course of the severest epidemics. It is in those places, therefore, or rather in the various circumstances of individuals inhabiting them, that we must look for the reason of the epidemics of syphilis, and especially of that of the *renaissance* period. But the circumstances which in certain places appear to aggravate syphilis—want of acclimatisation, hard work, excesses, overcrowding, and, perhaps, also contamination from one race to another—are precisely those under which the great epidemic of 1495 developed itself. Thus everything leads us to believe that the epidemic disease of that period did not differ, either as to its causes or its nature, from certain cases of syphilis in our own day, occurring, for the most

4, p. 1, 1833. *Francke*, Morbus Dithmarsensis, Diss. Kilona, 1838. *Helwig*, in Actis reg. Soc. med. Haven, vi. 267. *Hübener*, De morbi Dithmarsensis natura ac indole. Kilona 1821, et Erkenntniss und Kur der sogenannt. Ditmars. Krankh., Altona, 1835. *Michaelson*, in Hamburg Zeitschr. für Med. xxi. 433. *Spiering*, in Hufeland Journ. liii., Heft 1-64. *Struve*, Ueber die aussatzartige Krankheit Holsteins, &c. Altona, 1820, und in *Rust Magazin*, viii. 337.

In Esthonia, a province of Russia, situated to the north of Livonia, on the borders of the Gulf of Finland, we again meet with a disease analogous to the preceding. Erdmann connects it with radesyge, and Seidlitz regards it as syphilitic.* It is observed, moreover, on the whole coast; in Courland—syphiloid of Courland;† also in Lithuania—syphiloid of Lithuania.‡ Of these two latter diseases, the first developed itself after the seven years' war, in 1757, the second in the year 1800. The Russian troops appear to have contributed to their production, or at least to their propagation.

§ 5. *Amboyna pimple.—Disease of Saint Euphemia.—Pian of Nérac.*

(*a*) *Amboyna pimple.*—Under this name, Bontius,§ in 1718, describes a disease endemic in the island of Amboyna. There spread, he says, at Amboyna and in the Molucca Islands, an endemic disease which, by its symptoms—tophus, ulcers with hard, raised edges, pains and caries of the bones—resembles the venereal disease. There is this difference, however, that the disease in question appears to arise and be transmitted quite independently of sexual intercourse. This reason assigned by Bontius for distinguishing this disease from syphilis, is valueless in our days, and consequently the Amboyna pimple also comes within the list of syphilitic affections, the more so since mercury is here also the best remedy.

(*b*) *Disease of Saint Euphemia, syphilitic herpes.*—Jean Bayer‖

* Rollet, *loc. cit.*, p. 167.

† Tilling, *Ueber Syphilis und Syphiloid.* Mitau, 1833. Bolschwing, *Ueber Syphilis und Aussatz.* Dorpat, 1839.

‡ Albers, in *Preuss. med. Vers. Zeitung*, 1836, Nos. 22, 23. Metzger, *Vermischte med. Schriften.* Kœnigsberg, 1782, i. 81. Schnuhr, in *Preuss. med. Vrs. Zeitung*, 1837, Nos. 50, 51; 1839, Nos. 17, 18; 1841, Nos. 2, 3. Theden, *Erfahrungen aus der Wundarzneikunst*, &c. Berlin, 1783, iii. 9.

§ Bontius, *Medecina Indorum.* Leyde, 1718.

‖ *Acta nat. cur.*, t. iii. p. 4, et Ozanam, *Traité des Épidémies*, 1823.

has described under this name an endemic which he observed in the month of March, 1727, and which developed itself under the following conditions:—A midwife of Saint Euphemia had on the index finger of the right hand a pustule which caused intolerable itching. The arm soon swelled, and the whole body became covered with herpes. The pustule on the finger continued for four months, and this woman, who went on practising her profession, communicated the disease to more than fifty pregnant women, whom she either delivered or examined. A surgeon, who was consulted, found in the vulva of several of these women ulcers of the same nature. During this time the disease spread to the children whom their mothers were suckling, and to the husbands, to such an extent, that in four months more than eighty persons were found to be infected. The midwife was forbidden to practise. The bodies of those affected became covered with pustules and ulcers, or with hard tubercles, all symptoms which bring this endemic into relation with the epidemic of the Middle Ages. We have here a curious fact which would seem to show that syphilis, transmitted independently of sexual intercourse, frequently assumes a greater intensity. A recent and deplorable instance of this kind is that of Dr. Hourmann.

(*c.*) *Pian of Nérac.*—This is a disease very analogous to the preceding, with this difference, that it owes its origin to suckling a syphilitic child. At the end of the month of June, 1752, a strange epidemic disease showed itself at Nérac.* The wife of a merchant of that place, after an easy labour in the beginning of November, 1751, gave her child to a nurse, who suckled it well for six months, at the end of which period, this nurse being ill, one of her neighbours gave the breast five times to one of her nurslings; this child fell away visibly, and in a few days numerous pustules appeared upon its thighs. The child was intrusted to another nurse, and several other nurses gave it the breast, all of whom soon perceived that they had pustules on the breasts, which afterwards spread over the whole body. The children of these nurses were affected by the same disease. At the end of December, 1752, more than forty women and children, besides several men, were known to have been infected by this means.

* Joseph Raulin, *Observations de Médecine.* Paris, 1754, p. 250.

§ 6. *Disease of St. Paul's Bay, or syphiloid of Canada.—English disease, &c.*

Swediaur, Practical Observations on Venereal Complaints. Edinburgh, 1788, 172. Trad. fr. Traité des malad. vénér., t. ii. 376. Paris, 1801. *Stratton*, in Edinburgh Med. and Surgic. Journal, t. lxxi. p. 276. *Fuchs*, Hautkrankheiten, p. 751.

This disease, which made rapid and extensive progress amongst the Canadians in a few years, began to show itself in 1760 amongst the natives of the banks of Lake Huron. In 1780 it appeared amongst the inhabitants of the shores of St. Paul's Bay, and in a few years spread over a great part of Canada, committed great ravages amongst some of the Indian tribes, and chiefly among the Otawa Indians. In 1785, 5,800 individuals were known to be suffering from this disease in Canada, without counting those who did not give notice of their being affected; it was still unknown at that time, however, to all the neighbouring Indians.

It commenced, according to Swediaur, by small pustules on the lips, the tongue, the interior of the mouth, and more rarely on the genital organs.

These pustules, which at first resembled small aphthæ, filled with a whitish puriform fluid, were so many germs of transmission. The matter contained in them was so virulent, that it infected those who eat with the same spoons, or drank from the same vessels, or smoked the same pipes. It was even observed to be communicated by the bed-linen, clothes, &c.

The disease was afterwards characterised by considerable deposits (tubercles), nocturnal pains in the bones, ulcers of the mouth and throat, complicated affections of the glands, sometimes suppurating, most frequently hard and indolent. Finally, the bones of the nose, the palate, the cranium, &c., became carious; the hair fell off, pains in the chest, cough, loss of appetite, &c., supervened, which announced the approach of death. Both sexes and all ages were equally liable to the disease; children suffered in great numbers.

§ 7. *Endemo-epidemics of syphilis on the coasts of the Adriatic.—Falcadina.—Scherlievo.—Male di Breno, Frenga, &c.*

(*a*) *Falcadina.*—Developed in 1786, in the district of Agordo.

This disease,* first observed at Falcado (whence its name), soon spread in other Tyrolese villages, amongst which were Fassa and Manzon, where it has become extinct since 1814. According to Dr. Zecchinelli, who has described it, it was believed to have been imported by a beggar-woman, suffering from venereal itch, warts, and ulcers on the genitals. Marriages especially contributed to spread the disease, which attacked adults and children, manifesting itself by deep ulcers of the skin and throat, by serpiginous eruptions of the neck and shoulders, gummy tumours, osteocopic pains, but rarely exostoses. It was cured eventually by a mercurial treatment.

(*b*) *Scherlievo, disease of Fiume.*†—Under this name is known an endemic which for a long time ravaged the coasts of Illyria, Dalmatia, and Croatia. From the villages of Draga and Scherlievo, where it had its origin, it gradually spread to Proputnik, Kukulionovo, Buccari, and even Novi. In the interior of those countries it was observed at Grobnick, Senosich, Schnaberg, Wipach, Adelsberg, &c. In 1800, notice was given to the Government of Fiume, that a contagious disease of an unknown kind had appeared in the village of Scherlievo, eight miles to the east of Fiume, and three miles from the coast of the Adriatic. This disease attacked the face and skin in the form of malignant pustules, which produced ulceration of the skin and caries of the bones, and destroyed the tongue, the ears, and the genital organs. Like the epidemics described above, it commenced with pains in the bones, and especially in the joints; later on, tubercles and ulceration of the skin and throat followed, which generally caused considerable disturbance. In children, the disease always showed itself in the form of an erysipe-

* Zecchinelli, in Omodei, *Annali universali di medicina*, Nos. 39, 335. Valenzasca, *ibid.*, No. 93, et *Della falcadina*, fasc. i. Venet., 1840. Sigmund, in *Zeitschr. der. Wien. Aerzte*, 1855, p. 87. Marcolini, *Memor. med. chirurg.* Milano, 1839, p. 18. Facen, in *Gaz. med. Lombarda*, 1849, No. 21, p. 183.

† Cambreri, in Omodei, *Annali universali di medicina*, Nos. 34, 35, 36, 273. *Rapport Journ. gén de méd.*, lxii. p. i. Boné, *Essai sur la maladie de Scherlievo.* Paris, 1814. Jenniker, in *Œst. med.*, 546; Jahrb. 3, 104; Heft 4, 43. Lorenzutti, *Del male di Scherlievo.* Padua, 1830. Michabelles, *Das male di Scaralievo.* Nuremb., 1833. Moulon, *Nouvelles observat. sur la nature du Scherlievo.* Milan, 1834, 2me édit.,1840, et dans *Presse med.*, 1837, mai, No. 35. Sporer, in *Œst. med. Jahrb.*, neueste Folge, ii. 211. J. Vial, *Thèse de Montpellier*, 1814. Sigmund, *loc. cit.*, 93, 142.

latous eruption of a dull red colour, chiefly upon the buttocks, in the groins, on the inner part of the thighs, and on the abdomen. Its transmission occurred by the mutual use of utensils and clothes, by suckling, by the breath, and by sleeping with persons affected. In general, the same individual did not contract the disease twice. The origin of the disease remained unknown. It is asserted, however, that it was brought, in 1790, by four sailors who came with women from the banks of the Danube, after the war against the Turks. Other hypotheses of no greater value exist about this question.

There is reason for connecting scherlievo with the endemic diseases known under the denominations of *frenga*,* *male di Breno*,† *syphiloid of Hesse*,‡ *spirocolon*,§ and perhaps also with other endemics, such as the *Crimean lepra*,‖ the *Kabyle disease*,¶ the *Yang-Mey-Tchoang of the Chinese*** (an ulcer in the form of a raspberry).

The authors who have studied these diseases most carefully are of opinion that most of the symptoms grouped together under these popular names are manifestly and traditionally related to syphilis; they acknowledge, however, that in certain cases these denominations have been given to ulcers resulting sometimes from scurvy, sometimes from scrofula, cancer, or some other disease, so that they lost for some time their special meaning.

§ 8. *Disease of Chavanne-Lure, and some more recent epidemics.*

The account given of the disease of Chavanne-Lure (Haute-Saône) by Dr. Flamand †† is that of all the epidemics already

* Sigmund, in *Zeitschrift der Wiener Aerzte*, 1855, p. 33.

† Voyez Œst. med. Jahrb., v.; Heft ii. p. 21; Sigmund, *loc. cit.*

‡ Rothamel, in *Zeitschr. für die gesammte Heilkunde*, i. 15.

§ Olympios, in Correspondenzbl. Bayr. Aerzte, 1840, 185. Pallis, in Omodei, *Annali*, 1842, avril. Pruner, *die Krankheit des Orients*, 177. Quitzmann, *Deutsche Briefe über den Orient.* Wibmer, in *Schmidt. Jahrb. für Medecin.*, xxx. 305.

‖ V. Martius, *Dissert. inaugural. de lepra Taurica.* Leipsick, 1815. Krebel, *Lepra Taurica, Med. Zeit. Russlands*, 1846, pp. 3 et 39. Bergson, *Annalen der Charité*, 1852, fasc. 1.

¶ J. Arnould, *La Lèpre Kabyle.* Paris, 1862. Vincent, *Exposé clinique des maladies des Kabyles.* Paris, 1862.

** P. Dabry, *la Médecine chez les Chinois.* Paris, 1863, p. 163.

†† *Journ. complém. du Dict. des sciences méd.*, t. v. p. 135.

described. It began with a feeling of general weakness, followed by nocturnal pains in the joints, of greater or less severity; the mouth and throat were affected, and a pustular eruption appeared on the whole surface of the body, and especially on the head. The kitchen utensils were the chief means of propagation.

With this disease is to be connected an epidemic * which prevailed in 1840 and 1841, in the commune of R——, near Luxeuil, where nearly eighty persons were affected with mucous tubercles about the anus and genitals. Doubtless other endemics, having vaccination for their starting-point, particularly that of Rivalta, might be introduced here, if we had not occasion to speak of them further on.

Here ends the description of the endemics which followed the great epidemic of the fifteenth century. The moment has now arrived for comparing these various diseases with each other, and for pointing out the analogies and differences which they present.

Common characters and differences.—Looked at only in reference to their symptomatic manifestations, these diseases, after a feeling of general uneasiness and pains, mostly violent, in the bones and joints, are characterised, as regards the skin, by pustular eruptions, fungous swellings resembling raspberries, tubercles, which usually leave behind them deep and ugly scars, and, as regards the mucous membrane, by ulcers more or less deep, and which frequently cause perforation of the velum palati.

If we examine them in reference to deeper seated lesions, we find differences which form them, so to speak, into two groups; while, in the countries near the tropics, the symptoms are confined chiefly to the tegumentary system, and rarely invade the internal organs; in other localities, and especially in northern countries, these organs have been the most frequently affected. The absence of blenorrhagia, and of suppurating buboes, in the majority of cases, is to be remarked. This circumstance has contributed not a little to mislead physicians, and has often led them to reject, without reason, the idea of syphilis.

As regards the evolution, it is to be remarked that the primary symptoms are often insignificant, if not altogether wanting, and that the general phenomena have appeared at the first onset. Most fre-

* Aliés, *Mémoire sur une épidémie de pseudo-syphilis* (*Journ. de méd. de Lyon*, 1843; et *Gaz. médicale de Paris*, 1844, p. 154).

quently a degree of severity is observed more considerable than in ordinary syphilis.

The course of the endemo-epidemics is not everywhere identical. At Brünn, at Saint Euphemia, at Nérac, &c., the propagation of the disease occurred with great rapidity, almost as in the fifteenth century; but, later on, the disease retrograded instead of taking root, and ended by losing its endemic character. In other places, such as various countries on the coasts of the Baltic and north of the Adriatic, the disease, instead of decreasing, extended progressively, in consequence, doubtless, of the unfavourable hygienic conditions amongst the inhabitants, until the moment when it was successfully combated by an appropriate therapeutic and hygienic treatment.

In an ætiological point of view the resemblance is striking; contagion is, in fact, the ordinary mode of transmission, and, so to speak, indispensable.

The means of transmission are, in general, kitchen utensils, linen, or other objects, sometimes actual contact; but rarely, it appears, the act of coition. Inoculation succeeded in some cases, and it was proved that the period of incubation (disease in Brünn, pian) does not differ from that of ordinary syphilis.

Apart from differences which may be called insignificant, therefore, these endemo-epidemics have points of contact with each other and with syphilis which cannot be doubted; everything leads us to believe, consequently, that they do not represent distinct diseases, but one single and unique disease. This being admitted, these diseases henceforth belong only to the history of medicine, never having existed as independent diseases.

Those observers who have studied them most carefully have, moreover, all been struck by their resemblance to the epidemic of the fifteenth century, and their dissimilarity to the generality of known diseases. For all these reasons, we think, with Rollet, that in these epidemics, as in that of the fifteenth century, we must not look for anything other than syphilis, isolated and independent, disembarrassed, in a word, of its usual concomitants—blenorrhagia, simple chancre, and chancrous bubo.

The following topographic study, by showing the modifications which syphilis undergoes under given conditions, will enable us, moreover, still better to follow the identical nature of the various diseases in question.

CHAPTER V.

GEOGRAPHICAL DISTRIBUTION OF SYPHILIS.

§ 1. *Europe.*

(*a*) *German Ocean and countries bordering on it.*—Syphilis, as we may conclude from what has already been said, still runs a course differing but little from that of the fifteenth century, in certain countries of the north of Europe, and especially on the coasts of the Baltic and of the German Ocean, in Jutland, Ditmarsch, Schleswig, Holstein, on the coast of Sweden, and in certain villages of Scotland, Hesse, and East Prussia. Not far from these countries, however, and always in the North, in Iceland and the Faroë Islands, it is not a little remarkable that this disease has not hitherto been able to establish itself. In the beginning of this century Mackenzie* already recorded the little aptitude of the Icelanders to contract syphilis:—"Syphilis cannot be said to exist in Iceland. Single cases have sometimes occurred from communication with foreigners, but the disease has always been intercepted before it made any progress in the country."

Schleissner, in a work on the diseases peculiar to Iceland, reports as follows:—"The head physician of Iceland, who is anxious to prove that syphilis is foreign to that country, points out that he has frequently treated venereal affections amongst the sailors of merchant vessels, but never amongst the Icelanders themselves." This is the more strange, since there arrive every year in Iceland eighty Danish merchant vessels, the sailors of which have various relations with the inhabitants during the summer. Moreover, the country is explored annually by a hundred and fifty French and Dutch fishing vessels, whose crews also sometimes visit different ports.

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* *Island undersögt.*, &c., Kjobenh., 1849; et *Voyage en Islande et au Groënland pendant les années*, 1835 *et* 1836, *sur la corvette la Recherche.* Paris, 1851, p. 42.

Syphilis has, however, several times been introduced into Iceland, but it has never been able to take root there. In 1756 the disease was rather common near the wool-factory at Rejkiawicth, where it lasted until 1763. There were several cases in 1774, but after that time it entirely disappeared. Afterwards Danish sailors reimported it in 1824; in Nordland seventeen cases of syphilis were treated in that year, and in the following year, five, most of which occurred amongst the inhabitants of two farms; but after that the disease ceased."

In his voyage in Iceland and Greenland, E. Robert met with only one instance of genuine syphilis. It was in an Iceland woman who had been contaminated by cohabitation with one of her fellow-countrymen. Thus the people of Iceland are little fitted to contract or to propagate syphilis. This appears to us a circumstance the more worthy of notice, because lepra is a disease endemic in Iceland. In the Faroë Islands, syphilis, according to Panum,* continued unknown until 1844; but, from that time until 1846, about twenty cases of the disease were observed there. In Russia, on the contrary, and particularly in the northern portions of it, amongst the Samoyedes, the Ostjacks, in the south of Siberia, Kamschatka, the Baltic Provinces, Finland, and especially Courland, syphilis generally assumes a severe and malignant form.† It also presents itself with the same characters in several other localities of Russia in Europe and Russia in Asia.

The Kirghiz (Neftel, *Beobachtungen ans den Kirgisensteppen*, Würzburg. Med. Zeitschrift, t. i. p. 64, 1860) are most of them affected with chancre, or constitutional syphilis. It is difficult to know, however, whether this disease proceeds more particularly from the Cossacks, or from the caravans which, from central Asia, traverse the steppes, for it appears to have this double origin. Despite its great extension, however, syphilis amongst these nations has not formidable consequences; it manifests itself most frequently in the form of mild syphilis, and it is only rarely that ozæna, or syphilitic

* *Biblioth. for Læger*, 1847, i. p. 316 (*Bibliothèque pour les médecins*).

† Hirsch, *Historisch-geographische Pathologie*. Erlangen, 1860, t. i. p. 358, *et seq.* This important work, from which we have borrowed several passages, has been of great use in the preparation of this part of our treatise.

rupia, are observed, a circumstance which depends, doubtless, upon climatic conditions, and perhaps, also, upon a remedy which the Kirghiz employ, and which has a very marked diuretic and diaphoretic effect, viz., the decoction of Ephedra equisetina.

In Sweden and Norway syphilis often commits considerable ravages. In England it is remarkable more particularly for its frequency and extension, which results undoubtedly from the want of a system of inspection of public prostitutes.

(*b*) *Centre of Europe.*—In the centre of Europe syphilis prevails with less intensity in Germany, Belgium, and France; in Northern Italy this disease, although diffused, is relatively less frequent and less severe. The same holds good for the Austrian empire, for the assertion of Hirsch, who states that syphilis is severe and endemic in the county of Neustra (Hungaria), is not confirmed by Zeissel.* Syphilis does not fail, however, to exercise its ravages in the large cities of those various nations; wherever large masses of people are brought together, and especially in garrison towns, we have evidence of the frequency of that disease.

It is difficult to determine, even by the aid of strict statistics, what is the relative frequency of this disease in a given nation or in a given locality. As a part only of those affected are ever treated in hospitals, the greater number necessarily escape registration. It would be possible, however, to form some idea on the point by referring to the statistical returns now furnished by the military authorities of each country. For instance, if we consult the returns for the English army for 1860,† we find that venereal diseases caused during the year, in the home army, a loss of 8·69 days of service per man, while in France there was only, in 1862, a loss of 3·90 days per man.‡ In any case the proportion of the number of syphilitic patients to the total number of sick is considerable, and may even be termed frightful amongst our troops. The following table, drawn up from the medical statistics of the army for the year 1862,§ may give an idea of this proportion, as well for our troops in the interior as for those in Africa and Italy. In the ports of the west coast the ravages are generally most marked;

* *Lehrbuch der const. Syph.* Erlangen, 1864, p. 127.

† *Army Statistical Report.* London, 1860, p. 12.

‡ *Statistique médicale de l'armée pendant l'année* 1862. Paris, 1864.

§ *Ibid.*, pp. 9 et 21.

at least, that is what may be observed in France, and we believe also in Holland, Belgium, Spain, and Portugal. If in the interior of these latter countries syphilis is less severe, it cannot be denied that it is frequent.

	Number of Men on service during the year 1862.	Sick in Hospital.	Cases of Primary Syphilis.	Cases of Constitutional Syphilis.
Interior	256,322	78,626	10,985	2,636
Algeria	47,869	21,973	2,132	302
Italy	12,387	5,683	478	61
General total....	316,578	106,262	21,595	2,999

The statistics furnished by armies and garrisons are certainly the most perfect means of comparison for arriving at a determination of the relative frequency of syphilis in various countries, as also in the most important localities. They already prove incontestably that syphilis is less frequent in Belgium than in France, in France than in England; they tend to show that this frequency depends upon the insufficiency or entire absence of medical police. In addition to the indications already given, consult *Statistique médicale de l'armée française pendant l'année*, 1864. Paris, 1866. Fränkel, *Syphilis im dänisch. Kriege, Berliner klinisch. Wochenschrift*, p. 159, 1866. Didiot, *Statistique de la syphilis dans la garnison de Marseille.* Rec. de mém. de méd. et de chirurg. militaire. Série 3, t. 18, p. 423.

(*c*) *Coasts of the Mediterranean and Adriatic.*—Syphilis, in the European ports of the Mediterranean, is still remarkable for its relatively great frequency, and for its intensity. This disease is, in fact, more general at Rome, Naples, and especially in Sicily, as shown by the observations of Chardon,* Jansen,† Loder,‡

* *Gaz. méd. de Paris*, 1852, No. 5.
† *Briefe über Italien*, A. d. Holl, i. 297.
‡ *Bemerk. über ärztl. Verfass. und Unterr. in Italien.* Leipsick, 1812

Ziermann,* and, more recently, of Sigmund,† than in the north of Italy, as results from the facts related by Guislain,‡ Balardini,§ and Menis.‖

On the coasts of the Adriatic, syphilis, as we know, is equally common, but more severe. In Venetia, Dalmatia, Istria, Turkish Albania, and in the interior of those countries, as far as the Tyrol, it puts on the characteristics of an endemic disease. It presents these same characteristics in the north of Turkey, and especially in Servia, Bulgaria, Moldavia, and Wallachia, as far as the borders of the Black Sea. In this latter province, syphilis, according to Weizmann,¶ is not only propagated by contagion, but also develops itself spontaneously; but the arguments upon which this writer founds his opinion do not appear very solid. In the interior of these countries, however, syphilis, always pretty generally distributed, is observed in its ordinary form, at least during the last thirty or forty years, as recorded by Roser** and Rigler†† as regards Turkey; Neugebauer,‡‡ Blaustein,§§ and Barasch‖‖ as regards Moldavia and Wallachia; Roser and Quitzmann ¶¶ as regards Greece. In the Ionian Islands this disease, according to Hennen,*** is more rare.

§ 2. *Asia.*

(*a*) *Asia-Minor, Palestine, Arabia.*—Syphilis, as generally distributed and as mild in Asia Minor as in Turkey (Rigler), puts on

* *Ueber die vorherrsch. Krankheiten Siciliens*, p. 184.
† *Loc. cit.*
‡ *Lettres méd. sur l'Italie.* Gand., 1840, p. 69.
§ *Topogr. statist. med. della provinc. di Sondrio.* Milano, 1834, p. 64.
‖ *Topogr. statist. med. della provinc. di Brescia.* Brescia, 1837.
¶ *Russische Sammlung für Natur-Wissensch. und Heilkunde*, t. i. cah. ii. p. 126, et Journ. complém. du Dict. des sciences méd., t. i. p. 376, 1818.
** *Ueber einige Krankh. des Orients.* Augs., 1837.
†† *Die Türkei und deren Bewohner.* Wien, 1852, ii. 123.
‡‡ *Beschr. der Moldau und Wallachei.* Leipsick, 1848.
§§ *Rohatzsch, Allgem. Zeitung für Chirurg.*, 1842, No. 49.
‖‖ *Wien. med. Wocheschrift.*
¶¶ *Deutsche Briefe über den Orient.*
*** *Sketch of the med. topograph. of the Mediterranean.* London, 1834. Voy. J. Rose, *la Syphilis à Malte, Lancet*, i. 11, p. 311, 1864.

a more severe type, according to Wagner,* on the high table-lands of Armenia. Carried not long ago into the mountains of Syria by the troops of Ibrahim-Pacha, it is common, according to Robertson,† in the plains of that country, and Tobler ‡ bears witness to its extension into Palestine. Pruner § asserts that in Arabia it reigns almost exclusively in the seaports, and especially at Djedda. In any case, it is met with from Bussora, on the caravan route which traverses the Netjed, as far as Djof. It is also found in the tribe of the Schellouks, on the banks of the White River, while in the south and in the interior of the country it is almost entirely unknown.

(*b*) *Persia, India, China, Japan.*—Pollach || has established the mild character of the disease we are examining in Persia. Clark,¶ Schanks,** McGregor,†† and several other authors agree in pointing out its great extension in India. In this respect, Schanks observes that it is not uncommon to see one-third of the sick in hospitals affected with this disease. Edmonds ‡‡ calculates the mean number of syphilitic cases annually amongst the troops in India at 12·16 per cent. for Europeans, and 3·18 per cent. amongst the natives. "In the Bombay Presidency," says Kinnis,§§ "venereal diseases commit dreadful ravages; they alone furnish about one-sixth of the admissions into hospital, augment the sick list, deprive the army of efficient men, and undermine the constitution of many, or render them unfit for military service." At Pondicherry, syphilis, according to Lequerré,|||| is infrequent; as regards the women, it is met with

* *Reise nach dem Ararat.* Stuttgard, 1848.

† *Edinburgh Med. and Surg. Journ.*, lix. 247.

‡ *Beiträge zur med. Topograph. von Jerusalem.* Berlin, 1856, p. 56.

§ *Die Krankheiten des Orients*, p. 179.

|| *Wochenbl. d. Zeitschrift d. Wien. Aerzte*, 1856, No. 29.

¶ *London Medical Gazette*, 1844, July, 470.

** *Madras Quarterly Med. Journ.*, i. 248, 260; iii. 13, 31.

†† *Ibid.*, iv. 159. See further, Macpherson, *London Med. Gaz.*, 1841, June, 546. Voigt, *Bibliothèque pour les médecins*, 1834, i. 358. Gibson, *Bombay Med. Transact.*, iii. 68. Leslie, *Calcutta Med. Transact.*, vi. 62. McCosh, *Indian Journ. of Med. Science*, ii. 423.

‡‡ *Lancet*, 1838. June.

§§ *Edinb. Med. and Surg. Journ.*, lxxv. 302.

|||| *Quelques considér. sur Pondichéry et ses habitants.* Thèse de Paris, 1837 No. 262, p. 26.

only amongst the bayaderes and in women of a class altogether inferior. According to Custano,* it is the disease most common at Saïgon (Cochin-China). According to Saunders,† this disease was common and malignant in Thibet and Boutan (China), as early as last century. Wilson ‡ merely mentions its existence on the coasts of China, but Gauthier § and Armand agree in recognising its great frequency in the Chinese empire, chiefly in the seaports and on the whole coast. The latter relates || that, amongst 530 patients treated in the French military hospital of Tien-tsin, during the first six months of the year 1861, there were ninety cases of chancre and twenty-one of syphilis. "This disease, which is the first of all to be dreaded on arriving in China, is met with everywhere, he tells us, and its greatest frequency is in proportion to the masses of people agglomerated together, and to the amount of their intercourse with foreigners. But, moreover, the venereal affections contracted there by Europeans, assume a character of acuteness and severity disproportioned to the symptoms experienced by the Chinese. Their venereal subjects rarely have the colour of the skin changed, and frequently, in women especially, the infection is concealed under the appearance of a good state of health. It would appear as if China had undergone, for thousands of centuries, a kind of general syphilisation which has progressively attenuated the virulence of the infection in the organisms affected by it." Parker ¶ observes that syphilis is generally known in Japan under the name of *fire of lust.*

C. H. Vaenman (morbi nautarum Indiæ, in Cor. Linnæi Amenitatis Academ., t. 8, 1785) wrote already in the last century, that in China syphilis occupied rather the external than the internal parts of the body, and that the throat and genital organs often remained intact. In Japan, where prostitution occurs very extensively, syphilis is also very common; but in that privileged country this disease is

* *Bull de l'Académie de méd.* Séance de l'Acad. de Médecine, 2 juillet, 1861.

† *Philosoph. Transact.*, lxxix, 100.

‡ *Medical Notes on China.* London, 1846.

§ *Deux années de pratique méd. à Canton (Chine).* Thèse de Paris, No. 117, 1863.

|| *Lettres sur l'expéd. de Chine et de Cochinchine* (*Gaz. méd.*, 1862, 677).

¶ *Journ. of an Expedit. from Singapore to Japan.* London, 1838.

in reality extremely mild. This depends, according to Duteuil (*Quelques notes médicales recueillies pendant un séjour de cinq ans en Chine, Cochinchine, et au Japon*, Thèse de Paris, 1864), upon the extreme diffusion of this affection, which appears to have involved all classes in Japan, and that for many years; but to us it appears much more probable that it is due rather to the mildness of the climate of that country. Thunberg (*Voyage de Thunberg au Japon*, Trad. franç. par Langlès et Lamarck, t. 4, p. 1267) did not doubt that it was the Europeans who introduced the venereal disease into Japan, as also into several other countries into which they have penetrated, and acknowledged that it was very common there, but by no means severe.

§ 3. *Oceania.*

Frequent in the Indian Archipelago, syphilis, according to Heymann,* is met with especially in the coast towns, and in the neighbouring districts which have relations with Europeans, while, in the districts in the interior of some of the islands, it is still, so to speak, unknown. In Sumatra, notably, it was imported, by Junghuhn's account,† for the first time in 1811, by the Europeans, amongst the people of the Batta districts. According to W. Marsden,‡ the venereal disease, common in the Malay bazaars, is almost unknown in the interior of the country. Said by Steen-Bille to be rare in the Nicobar Islands, syphilis is frequent and severe in the Moluccas, where it commits, according to Lesson, greater ravages than when it appeared in Europe.§ The more wretched of the Malays, adds that author, are for the most part ruined by this disease, the symptoms of which constitute the disgusting train of corroding ulcers which invade every part of the body. In Australian Polynesia, syphilis has prevailed since the end of the last century. It was in the years 1769 and 1770 that it was introduced into New Zealand and the Sandwich Islands by the sailors of Captain Cook. Long held in doubt, this assertion has recently been verified by Bouillon-Lagrange,‖ who points out, with

* *Darstellung der Krankh. in den Tropenländern*, 187.
† *Die Battaländer auf Sumatra*, ii. 300.
‡ *Histoire de Sumatra*, trad. franç. Paris, 1788.
§ *Voyage médical autour du monde*, 1829, p. 100.
‖ *Journ. général de médec.*, i. 38.

reason, that the natives only knew syphilis at first under the name of the English disease. This disease, in any case, soon extended greatly in those islands,* chiefly in Taiti,† where it committed considerable ravages at first amongst the native population. Later on it diminished in intensity. On the Australian continent, and especially in Van-Dieman's Land, syphilis was so rare at the commencement of this century that, from 1821 to 1831, Scott‡ observed in Hobart Town only six cases of primary lesion; even these came from Sydney and the Isle of France. Since the year 1834, this disease, by Dempster's§ account, extended to such a degree that it is now spread over the whole country, at least amongst the Europeans living in it. The same is the course run by syphilis on some of the Polynesian groups of islands, and especially in the Marchesas, and in Gambier Islands. In Pine Island (to the south-east of New Caledonia),‖ Vinson relates that chancres usually assume a phagedænic character; but secondary and tertiary affections are not common there. Little known in the Tonga Islands and Samoa,¶ syphilis does not appear to exist at all as yet in some of the countries situated in the middle of the Pacific.

§ 4. *Africa.*

(*a*) *Southern Africa.*—If, as Chapotin** asserts, syphilis prevailed but slightly at the beginning of this century in the Mauritius, venereal affections have since appeared there in the most hideous forms. We have seen a great number, says Lesson,†† in which the symptoms attained a maximum of intensity. The patients

* For New Zealand, *see* Lesson, *loc. cit.*, p. 119. Polack, *Manners and Customs of the New Zealanders*, 11. Power, *Sketches in New Zealand.* London, 1849, 146. Thompson, *British and Foreign Med. Chir. Review, oc. cit.* For the Sandwich Islands, Chopin, *American Journal*, May, 1837, 43. Jarves, *History of the Sandwich Islands.* London, 1843. Lockwood, *American Journal*, January, 1846, 91. Gullick, *New York Journ. of Med.*, March, 1855.
† Lesson, p. 55. Wilson, *Edinb. Med. and Surg. Journ.*, ii. 284.
‡ *Provinc. Med. Transact.*, iii.
§ *Calcutta Med. Transact.*, vii. 359.
‖ Thèse de Paris, p. 85, 1858, *Élém. de topogr. méd. de la Nouv-Calédonie*, &c.
¶ Wilkes, *Narrative of a Voyage*, &c., iii. 32.
** *Topographie médicale de l'Ile de France.* Paris, 1812, p. 76.
†† *Loc. cit.*, p. 144.

belonged to the negro race, and were treated in the civil hospital of Rio Grande. It is true that the negroes, before declaring themselves affected, endeavoured to combat the disease by the remedies which they considered suitable, and by drinking decoctions of barks which they gathered in the woods. Mounier* states that syphilis, and acute or chronic inflammations of the abdominal viscera, are the affections most common and most severe amongst the natives of the Island of Nossi-bé. In Madagascar, syphilitic affections, known only within the last few years, have, nevertheless, already become greatly developed, and their course is comparatively acute and rapid.† Cherzer‡ and Schwarz§ point out that syphilis, generally rare at the Cape, is met with still more rarely in the interior of the country. This disease, according to Livingstone,‖ is entirely unknown in the centre of Southern Africa, where, moreover, it is believed to become cured spontaneously. "This dreadful disease," says that intrepid missionary, "never persists in any form in the interior of Africa, amongst natives without a cross. It is otherwise with individuals of mixed blood. In all the mulattoes whom I have been called upon to treat, the violence of the secondary symptoms has always been proportioned to the quantity of European blood which flowed in the veins of the patient; amongst the Coronnas, the Gricquos, and the Portuguese half-breeds, the disease committed the same ravages as in Europe. I found amongst the Barotjès a disease which they call manassah, and which greatly resembles the *fœda mulier* of history."

(*b*) *Nubia and Abyssinia, Central Africa.*—According to Brocchi,¶ and d'Ebn-Omar-el-Junsy,** syphilis has become a real calamity in the negro countries, and especially in Darfour, where it is known under the name of the French disease. This malady, which Pruner affirms to have been imported into Cordofan and Sennaar by troops coming from Egypt, assumes, as Veit†† and Brocchi assert, most of the characters of a morbid endemic condition. In the same way,

* Thèse de Paris, 1849, *De la fièvre interm. à l'île de Nossi-bé.*

† Daullé, *Cinqannées d'observations médic. dans les établiss. de Madagascar* (côte Ouest). Thèse de Paris, 1857.

‡ *Zeitschrift der Wien. Aerzte*, 1859, No. 11.

§ *Ibid.*, 1858, No. 40.

‖ *Missionary Travels.* London, 1857, 128. *Société anthropol.*, t. i. 237.

¶ *Giornale*, &c., v. 201.

** *Voyage au Darfour.* Paris, 1845.

†† *Wurtemberg. med. Correspondenzbl.*, ix. 107.

after having appeared, at the commencement of the present century, in the confined valleys of Abyssinia, the disease in question spread widely and rapidly, while it has, until very recently at least, respected the inhabitants of the Gallas countries.* An important point for verification would be the pretended introduction of syphilis into Abyssinia by the Portuguese in the fifteenth century. According to Aubert-Roche, the disease readily yields, in that country, to a mild treatment, provided that care is taken to avoid great altitudes, at which the cutaneous symptoms appear to become rapidly aggravated.† The Nubians ‡ borrow from the mineral kingdom a valuable specific against venereal diseases, tereba, a greyish earth, impregnated perhaps with salts of mercury. For three days the patients, having been put upon a spare diet, are gorged with tereba; for the next three days the use of it is suspended, to be resumed and abandoned anew for periods of three days. We are assured that in the Soudan, the most inveterate cases do not resist nine days of this treatment. Reliable authors § report that syphilis, though frequent in Egypt, and especially at Cairo, is nevertheless mild there. In Upper Egypt, whether in the form of primary or constitutional symptoms, forty days' administration of powdered sarsaparilla, combined with a dry diet, vapour baths, and two or three purges, generally suffice to destroy the effects of the poison. At Alexandria, amongst 8,230 patients admitted into the European hospital from 1844 to 1861, there were 589 cases of syphilis, of which six proved fatal.‖

In Algeria, this disease is widely spread, as shown by the observations of Hermann,¶ Schönberg,** Langg,†† Bertrand,‡‡ Armand,§§

* *See* Pruner, *loc. cit.*, 177. Tamisier, *Voyage en Abyssinie.* Paris, 1839. Rochet d'Héricourt, *Voyage dans le pays d'Adel.*, &c. Paris, 1841. Aubert-Roche, in *Annales d'hygiène*, xxv. 15.

† *Dict. encyclopéd. de sciences médic.* Paris, 1864, t. i. p. 251.

‡ *Mission de Ghadamès.* Alger, 1863, p. 351. Note médicale sur le Soudan.

§ Pruner, *loc. cit.* Clot Bey, *Gaz. méd. de Paris*, 1839, No. 45; et *Aperçu général sur l'Égypte*, ii. 324. Griesinger, *Archiv für physiol. Heilkd.*, 1853, No. 2.

‖ Schepp, *Du climat d'Alexandrie.* Paris, 1862.

¶ *De morbis qui Algerii occurrunt.* Herbipoli, 1833, 31.

** *Esquisse sur l'Algérie.* Copenhague, 1837, 41.

†† *Bibliothèque pour les médecins*, 1847, ii. 298.

‡‡ *Médecine et hygiène des Arabes.* Paris, 1855.

§§ *Algérie médicale.* Paris, 1854, p. 415.

&c. Furnari* states that it is especially frequent and malignant since the French occupation; while Deleau, Armand, Daga,† agree in thinking that the ravages which it commits are attributable to the negligence of the Arabs. Richardson ‡ asserts that he met with the disease even in the Oasis of Ghadamès, to the south-east of Tripoli. "At Ghadamès," says Dr. Hoffmann,§ "syphilis appears to me to be characterised by the predominance of cutaneous affections. After these come exostoses, then indiscriminately, and with equal frequency, bucco-pharyngeal affections, ulcerative coryza, &c. This terrible disease is transmitted to every family, either by inheritance, or, exceptionally, by direct contagion, *i.e.*, by chancre, or, almost always, by the contagion of secondary lesions, acting by various channels, and especially by the mouth, which becomes infected by contact with cups and other objects used in common. The treatment consists in a very strict diet for forty days, and the use of sarsaparilla (acheba), in decoction or with the food."

(*c*) *West Coast.*—As early as the beginning of last century syphilis existed on a large scale along the western coast of Africa, and especially at Congo. At the present day it is equally frequent on the coast of Sierra-Leone, in the Bight of Benin,‖ at Biafra, and in the neighbouring islands.¶ Daniell informs us that in the kingdom of Benin, and along the river of the same name, this disease is one of the most common and most fatal of all those to which the male inhabitants are exposed, its predominance in that sex being well marked. A great number of them die in their youth, for want of the necessary remedies. It is not rare to see the symptoms continuing during two-thirds of the life of individuals. "The severest forms of syphilis which came to my knowledge," says that author, "were phagedænic, gangrenous, and malignant ulcers, attacking pretty indiscriminately both sexes; virulent gonorrhœa, nodes, cutaneous eruptions, and most of the other syphilitic lesions are prevalent there, and very often resist the rational and energetic treatment of European physicians." Thevenot* affirms, however, that syphilis is very rare in Senegambia, and that the only cases which he observed in that country occurred in Europeans recently arrived.

In the Island of Madeira, this disease, according to Kampfer,† prevails chiefly on the coasts and in the large seaport towns (Funchal); it is rare in the interior of the island.

§ 5. *America.*

A special interest attaches to the inquiry into the existence of syphilis in America; for a long time, in fact, that country was regarded as the birthplace of the venereal disease, and this view was most warmly supported. Delgado,‡ however, maintained that syphilis was of European importation, and, more recently, travellers have been led to share this view, which is founded upon the relations which have existed between the natives and the colonists. Observations made at the end of the last century and commencement of the present one prove, in fact, that syphilis was unknown, or at least very little spread in the north and south of America, so long as the natives remained separated from the Europeans, but that afterwards the extension of that disease was always proportioned to the intimacy of the relations established between them. Even now, certain Indian tribes, having had no communication with Europeans, are exempt from the scourge of syphilis. This, it will readily be seen, is a circumstance little favourable to the doctrine of the American origin of syphilis.

Kalm § states that from the beginning of last century, and even before the European invasion, syphilis was known in Canada, where it had been introduced in consequence of the frequent contests between the natives and other tribes further to the south, who had commercial relations with us. We know, moreover, that towards the end of the same century it became widely spread, and committed frightful ravages amongst the natives. More recently it

* *Voyage médical dans l'Afrique septentionale.* Paris, 1845.

† *Archiv. génér. de médicine.* Paris, 1864, pp. 158 et 287.

‡ *Travels in the Great Desert of Sahara,* &c.

§ Mission de Ghadamès, *Rapport officiel.* Alger, Duclaux, 1863. Medical Report by Dr. Hoffmann, p. 345. Valuable information, which I owe to the kindness of my excellent friend H. Forneron, Inspector of Finance at Oran.

‖ Oldfield, *London Med. and Surg. Journ.*, Nov., 1835, 403.

¶ Daniell, *Sketches of the med. topogr. of the Gulf of Guinea.* London, 1849, 43, 96, 114, 138.

* *Traité des maladies des Européens,* &c., 247, 249.

† *Hamburg, Zeitschrift für Medicin,* xxxiv. 160.

‡ *Del modo di adoperare il legno santo d'India occidentale.* Venise, 1509 in 4°.

§ *Svenska Vetensk. Academ. Handl.*, xi. 280.

raged with equal intensity amongst the natives of Columbia, and of the provinces of the Russian territory in North America.* Syphilis in the United States of America does not differ from the same disease in Europe; amongst the negroes,† however, it is frequent and malignant, as it also is among the Indian tribes in the West, since they began to mix with Europeans.‡ Among the natives of California it has extended to such a degree that it is not uncommon, according to Praslow, to see all the members of a family affected by it. It is not less widely spread in Texas, where Husson § and Swift ‖ attribute it to the communications established between the Indians and the Mexicans.

It has been generally agreed¶ to admit that syphilis has attained a greater extension in Mexico than in most other parts of the surface of the globe; the people are so ignorant of the real nature of the disease that they speak of it as of any other, attribute it to general causes, and entertain no doubt as to its spontaneous origin. As early as last century, Hunter** informed us that syphilis was more rare in the Antilles, and especially in the districts where it is asserted to have had its origin, than in any country of Europe. Cordova†† insists upon the relative infrequency of this disease at Porto Rico, and states his belief that it was imported from Spain. More recently, Clark ‡‡ affirmed that syphilis was scarcely known in some of the West India Islands. The disease, according to that author, is so rare among the English troops in Jamaica, that it is possible to find more cases in a single regiment in the East Indies than in the whole garrison at the Antilles.§§ At Haiti, however, it is more

* *See* Blaschke, *Topogr.*, 66. Romanowsky, in *Med. Zeitung, Russland*, 1849, No. 20.

† Tidymann, in *Philosoph. Journ. of Physic.*, sc. iii. No. 6.

‡ Hunter, *American Med. Record*, v. 412.

§ Coolidge, *Statistical Report*, &c. Philadelphia, 1856, 377.

‖ *bid.*, 385.

¶ *See* Uslar, in *Preuss. med. Veriens Ztg.*, 1843, No. 36. Stricker, in *Hamb. Zeitschr. für Med.*, xxxiv. 530. Newton, *Med. topogr. of the City of Mexico*. New York, 1818. Porter, in *American Journ.*, January, 1853, 40.

** *Remarques sur les maladies des troupes dans la Jamaïque*. Leipsick, 1792, 214.

†† *Memor. geograf. de la Isla de Puerto Rico*. Sanmiltan, 1831.

‡‡ *Madras Quarterly Med. Journ.*, i. 381.

§§ *See* also Saunders, in Hermann Holder, *Traité de malad. vénériennes*, p. 132.

common and more severe, especially amongst the negroes.* Debauchery, and the few precautions adopted at St. Domingo in reference to sexual intercourse, render venereal affections more common than most other diseases in that country, where, in addition to their usual symptoms, they assume many forms, and complicate most other diseases.†

In Central America,‡ and in several parts of South America, syphilis is as common as in Mexico. Carl. Heinemann (*Kleinere Mittheilungen von der Mexicanischen Expedition*, in Archiv für path. Anat. und Physiol., t. 39, p. 613) speaks of the severity of syphilis in Mexico. Coindet (*Rec. de mém. de méd. et de chirurgie militaire*, t. 13, série 3, p. 339) points out the frequency of indurated chancre in comparison to soft chancre and gonorrhœa, the early appearance of general syphilitic symptoms, and the intensity of the irruptive fever. Several American physicians whom I have had the opportunity of consulting on this point, have informed me that syphilis is particularly severe in Mexico, amongst the Europeans recently disembarked; amongst the natives and the acclimatised Spaniards it is not, on the whole, more malignant than in France. There, as in many other places, the degree of intensity of the disease appears to depend upon the state of acclimatisation of the individual affected. In the Brazils it is frequent and severe amongst the Indian population which has any intercourse with Europeans,§ while, according to Martius,‖ it is entirely unknown to the tribes which inhabit the West. It is common in Bolivia,¶ Peru,** Chili,†† and in the States of Rio de la Plata.‡‡ Tschudi observes that syphilitic diseases are so widely spread through-

* Hirsch, *Hist. geographisch. Pathologie*, t. i. p. 363.

† *Conseils aux Européens dans les climats chauds*, t. viii. p. 463. *Maladies communes à Saint Domingue.*

‡ *See* Bernhard, in *Deutsch. Klinik*, 1854, No. 11.

§ Pleasants, *Americ. Journ.*, July, 1842, 88. Rendu, *Études topogr.*, &c., *sur le Brésil*. Sigaud, *Du climat et des malad. du Brésil*, 117, 133, 421.

‖ Buchner, *Repertor. für Pharmacie*, xxxiv.

¶ Bach, *Zeitschr. für vergleich. Erdkunde*, iii. 543.

** Lesson, *Voyage*, p. 27. Tschudi, *Œst. med. Wochenschrift*, 1846, 474.

†† Poppig. in *Clarus und Radius Beiträge zur Heilkunde*, i. 529. Laforque, *Bulletin de L'Académie de méd.*, xvii. 189.

‡‡ Brunet, *Observ. topograph.*, &c., 45. Tschudi, *Wien. med. Wochenschr.*, 1858, No. 45.

out the whole Argentine Confederation, that even in the most isolated localities, individuals are met with having great disfiguration of the face. Oister states that one-third of the population of Cordova is affected with syphilis, and that individuals suffering from that disease are seen by dozens begging in the streets. With regard to the arrival of syphilis in those countries, it results from the researches of Tschudi that the disease was not known in Peru before the Conquest; and, according to that author, and several others, it must have been introduced either by the Spaniards or by the negroes. Less general amongst the Indian population in Chili than amongst the Europeans, syphilis is entirely unknown amongst the tribes who live to the west of the Andes.

Such, then, in the main, are the chief data concerning the state of syphilis in the various parts of the globe. Now that we have made known the principal historical features of this disease, from the earliest times to the present day, the moment has arrived for looking back and embracing in one general view the space we have traversed. At all times and, so to speak, in all places, wherever a system of medical observation has existed, the existence of various affections of the genital organs has been recognised, some of which are not without analogy with the primary lesion of the syphilis of our own days. Ulcers of the mouth and throat, eruptions of the skin, changes of the osseous system, although less frequently mentioned, were not, however, wanting. From the earliest times, therefore, most of the manifestations, to the *ensemble* of which we will apply the name of syphilis, were known. One thing only was wanting for the early observers—viz., a synthetic knowledge of the disease; and of the symptoms which belong to it, some were described separately in the chapter devoted to ulcers of the genital organs; others were confounded and classed with the usual diseases of the period, and especially with lepra. It required the great epidemic of the fifteenth century to show the connection between primary lesions and secondary and tertiary affections, *i.e.*, between ulcers of the genitals and eruptions of the skin, or affections of the bones. From that time only, syphilis appeared complete in all points, and from that time dates, in reality, the establishment of our present syphiligraphic system. Obscure at first, this system has gradually become unfolded. Contagion by the *quid ignotum*, which took the name of *virus*, soon came to be recognised, and sexual intercourse was

regarded as the most frequent source of infection. The evolution of the disease was made clear, the more deep-seated manifestations, those only which attack the viscera, remained in the shade. A day came, however, not much before our own, in which doubts arose concerning the solidity of the brilliant theory founded upon the observations of several centuries. Shaken for awhile by the agitation produced in enlightened minds by the revolutionary ideas of Broussais, this theory soon assumed a better form, and became unshakeable. Some conscientious observers, however, still ask themselves whether the epidemic of the fifteenth century really was syphilis, and some doubt still seems to exist; but it can only be transient. The endemo-epidemics subsequent to that of 1495 present, in fact, according to most observers, such a perfect resemblance to the latter, that it is impossible to doubt of their identity, and it might even be justifiable to imitate certain authors who connect these epidemic manifestations with some diseases observed and described in earlier times. A circumstance which proves pretty clearly, however, the syphilitic nature of these various epidemics, is the possibility of connecting their symptomatic disturbances with those of syphilis, studied at the present day under conditions peculiar to certain countries. This study brings out the important fact, that while there are localities in which syphilis is generally mild, or has even been unable hitherto either to become acclimatised or to develop itself, there are others in which that disease, widely distributed, generally shows itself in the most hideous and severest forms; such, for instance, as the great sea-port towns, especially those where the temperature is low and the abuse of spirituous liquors great; further, certain countries in which the disease presents itself with a totality of symptoms differing but little from that which has been observed in the course of the severest epidemics. It is in those places, therefore, or rather in the various circumstances of individuals inhabiting them, that we must look for the reason of the epidemics of syphilis, and especially of that of the *renaissance* period. But the circumstances which in certain places appear to aggravate syphilis—want of acclimatisation, hard work, excesses, overcrowding, and, perhaps, also contamination from one race to another—are precisely those under which the great epidemic of 1495 developed itself. Thus everything leads us to believe that the epidemic disease of that period did not differ, either as to its causes or its nature, from certain cases of syphilis in our own day, occurring, for the most

part, under special conditions. We must bear in mind, moreover, that the Neapolitan epidemic may have been influenced in its propagation by the high temperature of the year. "In that year," says Commines, in his Memoirs, "*all the wines of Italy were sour, at which our people were much displeased, as well as at the great heat of the air.*" It is also to be remarked that many of the epidemics of syphilis which have followed that of the fifteenth century have had, like the latter, a war for their starting-point. To these epidemics, moreover, may be added, amongst many others, that of which Fergusson has given us a description, and which raged in 1814 amongst the English troops in Spain. Like most diseases, therefore, syphilis is subject to numerous variations, dependent themselves upon peculiar conditions of time and place, and this to such a degree that, slight and mild at one time, under certain circumstances, this disease, at a later period, may become serious and malignant, those circumstances being changed, and *vice versa*.

Even if we had no other object in view, the preceding inquiry would not be without fruit; but at a later moment we hope to be able to draw from it some ætiological inferences of the greatest interest. For the present, in accordance with the considerations into which we have entered, we feel justified in propounding the following propositions, as general conclusions:—

1. Syphilitic affections appear to have been observed and even described in the earliest times. At the same time, as the link which connects these various manifestations, and forms of them a pathological whole, escaped the view of early observers, it cannot be denied that the nosographical system of syphilis dates only in reality from the end of the fifteenth century.

2. In addition to its ordinary form, syphilis sometimes presents itself under an epidemic or endemic form. The first of these forms, which is rare and almost exceptional, only appears under special circumstances. The second, which is more general, may be termed the usual form of syphilis in certain localities where there is an agglomeration of individuals not yet acclimatised, and especially in large sea-port towns.

3. Distributed over almost the entire surface of the globe, syphilis does not prevail with equal intensity everywhere; while, in certain countries, such as Iceland (Schleissner), the centre of Southern Africa (Livingstone), it scarcely germinates, and cannot develop itself, there are places (coasts of the Baltic and Adriatic, Molucca

Islands, Mexico, &c.) in which it attains an extension and an intensity which give to it much of the course of the epidemic of the fifteenth century.

An important consequence, in reference to public hygiene, to be drawn for the topographical study of syphilis may be expressed as follows:—All other things being equal, syphilis rages with greater frequency in proportion as prostitution is less watched over.